

PERSONAL DETAILS

NEW PATIENT FORM (SIDE 1)

Mr Mrs Miss Ms Master Dr Prof Other

DOB: ____ / ____ / ____

Surname:

Given Name:

Address:

Suburb:

Postcode:

Email:

Occupation:

Phone Numbers: Home:

Work:

Mobile:

Emergency:

Next of Kin details: (family member or friend / medical power of attorney)

Name:

Relationship to you:

Contact Number:

Person Responsible for fees: Self Parent Workcover TAC Veteran's Affairs Other

REFERRAL AND PRACTITIONER DETAILS

GP's Name:

GP Provider Number:

Practice Details:

Contact Number:

CLAIM DETAILS

Medicare Number:

Ref No:

Exp Date:

Private Health Insurance: YES NO

Fund Name:

Fund No:

Concessions Cards:

Aged or Disability Pension No:

Exp Date:

Dept. Veterans Affairs Card No:

White Gold

Exp Date:

Health Care Card No:

Exp: Date

WorkCover Details (if applicable)

Is this visit related to a WorkCover Injury? YES NO

Claim No:

Date of Injury:

Insurer:

Employer:

Claim Officer Details:

Name:

Phone:

Fax:

TAC Details (if applicable)

Date of Accident:

Claim No:

PLEASE TURN OVER AND COMPLETE NEXT PAGE



VICTORIA NEUROSURGERY

Level 1, 435 Malvern Road, South Yarra

P: (03) 9981 9588

F: (03) 8582 5826

E: admin@vicneurosurgery.com.au

Consulting : Victoria Neurosurgery
(South Yarra), Austin Hospital

Operating : Epworth Richmond,
The Avenue Windsor, Austin
Hospital



FRACS

Fellow of the
Royal Australasian College of Surgeons

MEDICAL HISTORY

NEW PATIENT FORM (PAGE 2)

Please list all current medications:

.....

.....

Do you take any blood thinning agents? (e.g. Asprin, Asasantin, Plavix, Warfarin, Pradaxa, Xarelto, ...)

YES NO Details:

.....

Do you have any allergies? YES NO

Details:

.....

Do you smoke cigarettes: YES NO

If yes, how many and for how long?

.....

Please list previous surgical procedure(s) and date(s):

Operation:

.....

Operation:

Please indicate if you have suffered any of the following:

Angina	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Attack	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma/ COAD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bleeding disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Open heart surgery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coronary stent	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pulmonary embolism	<input type="checkbox"/> YES <input type="checkbox"/> NO
Deep vein thrombosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stroke	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tuberculosis/ chronic infection	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other :			

.....

PRIVACY

All information collected by this practice will be used for providing healthcare. Collection, utilization and storage of this information will be compliant with the 2001 Health Records Act.

I consent to Mr Jeremy Russell collecting my health information:

Signature:

Date:

.....

Name : (please print)

REFERRAL SOURCE

How did you hear about us?

Referred by: GP Specialist Our Website Google Healthshare Personal recommendation
 Royal Australasian College of Surgeons (RACS) website Other



VICTORIA NEUROSURGERY

Level 1, 435 Malvern Road, South Yarra

P: (03) 9981 9588

F: (03) 8582 5826

E: admin@vicneurosurgery.com.au

Consulting : Victoria Neurosurgery
(South Yarra), Austin Hospital

Operating : Epworth Richmond,
The Avenue Windsor, Austin
Hospital



FRACS

Fellow of the
Royal Australasian College of Surgeons