

Anthony Eaton
Consultant Urologist

Prior to coming to my rooms it would be appreciated if you would complete the following questionnaire

Name :

Date of Birth :

Are you allergic to any medications? Yes / No

If so, please list

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Please list all of the current medications you are taking including the dosage

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Please list any operations you have had previously

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Have you been diagnosed with, or experienced any of the following?

Heart Attack	Yes / No	Angina	Yes / No
Heart Murmur	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Asthma	Yes / No
Epilepsy	Yes / No	Stroke	Yes / No
Hepatitis	Yes / No	Bleeding Disorder	Yes / No
Blood Clots	Yes / No	Anaesthetic Difficulties	Yes / No

Please list any other major medical problems (eg. problems for which you regularly need to see a doctor)

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Patient Information Sheet

Surname Miss / Mrs / Ms / Mr

Given Names

Date of Birth

Address

.....

.....

Phone Mob Work

Do you wish to have SMS reminders? Yes / No

Email

Occupation Employer

Next of Kin

Relationship

Phone Mob

Emergency Contact Person

Relationship

Phone Mob

Do you have Private Health Insurance? Yes / No

Name of Fund Member No.

Medicare No. _ _ _ _ _ _ _ _

Number on card next to your name _ _

Expiry Date _ _ / _ _ _ _

Department of Veteran's Affairs

Card No. Gold / White

Is this consultation covered by MAIB or Workers Compensation? Yes / No

MAIB or Name of Insurer

Date of Accident

Claim No.

Do you have a health card or pension card? Yes / No

Card No. Expiry Date

Referring Dr. G.P. (if different)

**Mr Anthony Eaton
Consultant Urologist**

12 Joynton Street, Lenah Valley TAS 7008

CONSENT TO COLLECT PATIENT INFORMATION

Medical care requires the full knowledge of patient health information by all members of a medical team. To ensure quality and continuity of patient care, a patient's health information needs to be shared with other health care providers from time to time. Some information about patients is also provided to Medicare and private health funds (if relevant) for billing and medical rebate purposes.

I,
(PRINT NAME)

consent to the above.

Signed

Date