Patient Information for Appointment Booking

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PLEASE RETURN BY EMAIL FAX OR POST WITH A REFERRAL FROM YOUR GP OR OTHER REFERRING DOCTOR

Using the information you have provided we will assess the level of urgency of your case and then phone you to arrange a suitable time for an appointment.

Please be advised we are a private billing practice and fees are payable at the time of consultation.

Please Note: If you experience significant changes in the state of your health whilst waiting for your appointment please contact your GP or in the case of an emergency go directly to hospital.

Privacy Statement

Peninsula Gastroenterology supports the importance the community places on the maintenance of confidentiality of individuals' personal and / or sensitive information. This extends to the collection and management of information held in its records regarding individuals. However in order to provide selective services (eg pathology) information is required to be shared between trusted Medical Service Providers.
By signing this consent you agree to this practice passing on your personal health information on your behalf.

Patient signature: …… Date: ……..

Please sign below if you consent to receiving correspondence from this practice via email/SMS

Patient signature: …… Date: ……..

Last Name: **Dr / Mr / Mrs / Miss / Ms / Other** (please tick)

First Name: **Middle Names:**

Date of Birth: **Sex: M F** (please tick) **Gender:**

Previous Names (eg maiden name)**:** **Occupation:**

Address:

Suburb: **State:** **Post Code:**

Home Phone: **Business Phone:**

Mobile Phone: **Fax:**

Email Address:

Preferred contact method : (please circle) **Home Business Mobile Email**

Medicare #: _ _ _ _ ■ _ _ _ _ _ ■ _ **Expiry Date:**

Number assigned to your name on Medicare card: (single digit next to your name) _

Private Health Fund Name: **Member #:**

Pension Card #: **Repatriation Card #:**

Next of Kin Name: **Relationship:** **Contact:**

Referral Details

N.B. You must attach a copy of your referral and send it in with this form.

GP's Name:

Referring Doctors Name: (if different from GP)

Date of Referral: **Referring Doctor's Phone #:**

PTO

PATIENT HEALTH QUESTIONNAIRE

Do you have any allergies?	No ☐	Yes ☐	What are you allergic to? Reaction?
Have you had a faecal occult blood test positive recently?	No ☐	Yes ☐	☐ Positive ☐ Negative
Do you take any anti-inflammatory drugs or cortisone?	No ☐	Yes ☐	Please list under Medications below
Do you take any blood thinning drugs such as Warfarin, Asasantin, Aspirin, Plavix or Iscover?	No ☐	Yes ☐	
Do you take any other medications ?	No ☐	Yes ☐	If so, please list below or attach list
Have you been vaccinated for COVID -19? If so, how many doses 1 dose ☐ 2 doses ☐ 3 doses ☐	No ☐	Yes ☐	1st dose date: 2nd dose date: 3rd dose date:
Have you had COVID -19 ☐ No ☐ Yes Date diagnosed			
Weight Kg Height cm			
NAME OF MEDICATION	**DOSE**		**HOW OFTEN**

Do you have or have you ever had any of the following conditions:

High Blood Pressure ?	No ☐	Yes ☐	How long?
Chest Pain or Angina?	No ☐	Yes ☐	How often?
Heart Attack or Coronary stent?	No ☐	Yes ☐	When?
Pacemaker, irregular heart beat, palpitations or any other heart condition?	No ☐	Yes ☐	What type?
Do you suffer from sleep apnoea?	No ☐	Yes ☐	
Shortness of breath when climbing stairs or inclines?	No ☐	Yes ☐	
Shortness of breath when lying flat?	No ☐	Yes ☐	
Chronic bronchitis, emphysema?	No ☐	Yes ☐	Give details
Asthma?	No ☐	Yes ☐	Requiring hospitalisation?
Diabetes?	No ☐	Yes ☐	Do you take insulin / tablets?
Epilepsy or fits?	No ☐	Yes ☐	When was the last fit?
Stroke?	No ☐	Yes ☐	When?
Blood clots or bleeding disorder?	No ☐	Yes ☐	Give details
Anaemia?	No ☐	Yes ☐	What type?
Previous blood transfusion?	No ☐	Yes ☐	When?
Stomach ulcers / Hiatus hernia /Heartburn	No ☐	Yes ☐	Please specify
Hepatitis or liver disease?	No ☐	Yes ☐	What type?
Kidney condition ?	No ☐	Yes ☐	What type?
Arthritis?	No ☐	Yes ☐	What type?
Do or have you ever smoked / vape?	No ☐	Yes ☐	How many per day? ☐ How many years?
Do you drink alcohol?	No ☐	Yes ☐	How many per week?
Is there a condition that runs in the family?	No ☐	Yes ☐	Please specify

I have read and understood this form and filled it out accurately to the best of my knowledge. **Signed:** ☐