

Surname ( Mr / Dr / Mrs / Ms / Miss / Mstr ): \_\_\_\_\_ Date: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Would you like SMS appointment reminders? Yes No

Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Usual GP: \_\_\_\_\_

Next of Kin (name and address): \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ref: \_\_\_\_\_

Full Pension Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Private Health Fund and Number: \_\_\_\_\_

Repatriation Benefits (E.g. DVA): \_\_\_\_\_

 Are you expecting the doctor to have any results of tests? \_\_\_\_\_ Recently in hospital? Which hospital? \_\_\_\_\_

Have you had any of the following illnesses/procedures? (Tick if Yes)

 Heart attack  Bypass surgery  Stent  Angiogram High blood pressure  High cholesterol  Diabetes  Smoker Rheumatic fever  Kidney disease  Lung disease  Asthma Stroke  Gout  Stomach/duodenal ulcer Thyroid disease  Cancer  Liver disease/Hepatitis Bleeding disorder/clots  Family history of heart disease, high blood pressure or stroke

Drug Allergies?

Current medications: \_\_\_\_\_

**Consent to release medical information**

I authorise those medical practitioners or bodies to release such information, which may include sensitive health information to Specialist Cardiology, or their agents and advisors, as may be requested. This is in line with the National Privacy Act updated 1st November 2010. YES/ NO

Signature \_\_\_\_\_