VintageSurgicalSpecialists

Patient Medical History Form

Patient Information

Title (Mr, Ms) …… Surname …… First Names ……
Address: ……
Postcode: ……..
Date of birth ……../……../…….. Sex: M F Age: ……..
Telephones: Home …….... Work: ……..... Mobile: ……
Referred by: …… Reason for referral: ……
General medical practitioner: ……
Location…….....
Private Health Fund: …… Member No: …… Hospital cover: Yes No
Dental cover: Yes No
Medicare No. …… Veterans Affairs No. ……
Your Occupation: ……

Medical History

Are you under the care of your doctor at present? Yes No
Are you taking any tablets or medicines at the moment? Yes No

If yes, please list ……

Have you ever been treated for osteoporosis? Yes No
Have you ever taken any of the following drugs: Fosamax, Actonel, Skelia, Didronel, Aredia, Zometa, Bonefos
Are you allergic to any medications or other substances? Yes No

If yes, please list ……

Have you been in hospital during the last 2 years? Yes No

If yes, please give details ……

Do you smoke? Yes No

If yes, how much? …….....

Ladies, are you, or might you be pregnant? Yes No

Confinement date ……..

Unit 3, The Vintage, 281-287 Sussex St, Sydney NSW 2000
Phone 02 9262 9318 | **Fax** 02 9262 9597 | **Email** info@vintagesurgicalspecialists.com.au | **ABN** 9910 579 5104

VintageSurgicalSpecialists

If you have, or have had, any of the following conditions please place a tick in the box.

Rheumatic fever		High blood pressure		Tuberculosis	
Epilepsy		Heart attack / Angina		Hepatitis	
Asthma		Heart murmur		HIV	
Diabetes		Heart pacemaker		Thyroid disorder	
Stroke		Anaemia		Liver disease	
Kidney disease		Excessive bleeding		Other disability	

Details: ……

I have further confidential medical information which I do not wish to write down. Yes No

I have completed this form to the best of my knowledge and it represents my medical history accurately. Any changes will be advised at subsequent appointments.

I agree to be a private patient of this practice and pay the appropriate quoted fee including any collection fees.

Signed …… Date ……

Unit 3, The Vintage, 281-287 Sussex St, Sydney NSW 2000
Phone 02 9262 9318 | **Fax** 02 9262 9597 | **Email** info@vintagesurgicalspecialists.com.au | **ABN** 9910 579 5104