

## DR MARGUERITE HARDING – Neurosurgeon

### PATIENT CONFIDENTIAL INFORMATION FORM

PLEASE COMPLETE THIS PRIOR TO YOUR APPOINTMENT AND BRING WITH ON THE DAY.

#### PERSONAL DETAILS

Surname	Given Name	
Address		
Suburb	Postcode	
Email	Date of Birth	
Occupation		
Telephone Home ( )	Work ( )	Mobile
Next of kin:		
Name	Relationship	
Contact Number		

#### GP DETAILS *(please tell reception if differs from referring doctor)*

Name		
Address		
Suburb	Postcode	

#### CLAIM DETAILS

Medicare no.	Ref no.	Exp Date
Private Health Insurance		
Fund Name	Fund Number	

#### CONCESSION CARDS

Aged Pension Card no	Exp date	
Veterans Affairs no	<input type="radio"/> White <input type="radio"/> Gold	Exp date

#### WORK COVER DETAILS – *If Applicable*

Name of Insurer	
Address of Insurer	
Contact no	Fax
Email	
Case Manager	
Claim no	Date of Injury
Name of Employer	

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#### PRIVACY INFORMATION

I understand that some of this information will be provided to Medicare as part of the billing and medical rebate process. It may also be used for providing information to your private health fund where appropriate. Information about your medical condition will also be passed on to your referring doctor/general practitioner, and other relevant practitioners or medical bodies in accordance with your consultation. At all times your personal details and medical history are confidential between you and your doctor and will not be released to anyone else including family members without your consent.  
(For more details please ask reception or see website)

Signature

Date

#### REFERRAL SOURCE

How did you hear about us?

Referred by doctor:  GP  Specialist  Our website  RACS Website  Google  Personal Recommendation

Other

#### MEDICAL HISTORY

Do you smoke?  Yes  No  Previously

Do you consume alcohol?  Yes  No If yes, how much?

Do you suffer from any of the following?

High blood pressure  Yes  No

Diabetes  Yes  No

Heart disease  Yes  No

Lung complaints  Yes  No

Stomach complaints  Yes  No

Bleeding disorder  Yes  No

Deep vein thrombosis  Yes  No

Pulmonary embolism  Yes  No

Other major illnesses/complaints?

If yes, please specify

Do you have any allergies?  Yes  No

If yes, please specify

Weight

Height

In one sentence – tell me what is the main reason for the consult today?

Describe how your symptoms are affecting your life.