

PATIENT INFORMATION SHEET FOR MR KON KOZAK

[PatientNumber]

Patient: Mr/Mrs/Miss/Ms _____
(Surname) (Full Names)

Next of Kin: Name: _____

If child – who is responsible for the Account: _____

Address: Street & Suburb _____

Date of Birth: _____ Occupation: _____

Telephone: Home _____ Work: _____ Mobile: _____

E-mail address: _____

Name Referring Doctor and suburb seen at: _____

PRIVATE PATIENTS Medicare and health fund details

Medicare Card Number: _____ No.next to name: _____ Expiry: _____

Private Health Fund Name: _____ Date joined (if after 2014) _____

Membership No: _____

Are you a holder of an Age Or Department of Veteran Affairs Pension? (Please circle)

Reference no: _____

Work Compensation/Motor Vehicle Related injury: please complete the relevant section below:

WORKERS COMPENSATION CLAIM

Date of Injury: _____

Employer's Name: _____

Insurance Company: _____

Claim No: _____

MOTOR VEHICLE INJURY

Date of Accident: _____

Claim No: _____

Insurance Company: _____

CONSENT all patients to please sign

I, the above patient, consent to the collection and use of the above information and all further information requested by any given to Dr Kozak during this and all subsequent consultations to help provide an accurate medical diagnosis and to facilitate appropriate treatment:

Signed: _____ date: _____

MEDICAL HISTORY

PAST SURGICAL HISTORY

Please indicate history in relation to head, heart or lap band surgery; Y/N

if yes, please provide details:

CURRENT MEDICATIONS

Drug	Dose	Frequency
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

SPECIFIC ILLNESS/INFORMATION (please circle)

BLEEDING DISORDER	Y/N	ALLERGY TO: LATEX Y/N STICKY PLASTER Y/N
DIABETES	Y/N	
TAKING MEDICATION:		HAVE YOU BEEN IN HOSPITAL OUTSIDE W.A. IN PAST 12 MONTHS Y/N
INSULIN	Y/N	
WARFARIN	Y/N	
ASPIRIN	Y/N	
BLOOD THINNING MEDICATION	Y/N	
ANTI INFLAMMATORIES	Y/N	
HEART DISEASE	Y/N	
HIGH BLOOD PRESSURE	Y/N	
PACEMAKER	Y/N	
HEART VALVE DISEASE	Y/N	
LUNG DISEASE	Y/N	
LIVER DISEASE	Y/N	
HISTORY:		
STROKE	Y/N	
HEPATITIS (A) (B) (C)	Y/N	
HIV	Y/N	

DRUG ALLERGIES
