Brain & Spine Centre

Patient Health Questionnaire

BRAIN & SPINE CENTRE SYDNEY

Title: Mr / Mrs / Ms / Miss / Master / Dr	Date of Birth:
Surname:	
Given Name (s) as on Medicare card:	

Mobile:	Email:
Home Number:	Work Number:
Home Address:	
Suburb:	Post code:
Emergency Contact Name:	Emergency Contact Number:

GP Name (if not referring doctor):	
Suburb:	Contact Number:

Medicare Number:	Ref No:	Expiry:
DVA (White/Gold) Number:	DAN Number:	
WCC/CTP Insurer:	Claim Number:	
Case Manager:	Contact Number:	

Private Health Insurance? Yes / No	Name of Fund:
	Membership Number:

We wish to advise that the doctor's standard fees for consultation are above the government determined schedule fees.

I, _____, hereby acknowledge that I am seeing the provided doctor. **I understand that if any unpaid account is not settled within 30 days, a late payment fee of 25% will be incurred and the matter referred to our collection agency.**

The Privacy Act 1988 and its recent amendments formalized the already existing and acknowledged privacy obligations of our practice. Our doctors and staff collect information from patients primarily to provide proper patient care and treatment. We have a legal and ethical duty to protect patient information. Patient information may have to be disclosed to other health professionals so that healthcare is not compromised.

SIGNED: _____ DATE: _____

Medical History

Do you suffer from any of the following medical problems:

Cardiac

High blood pressure	☐	Angina	☐	Irregular heart beat	☐
Heart attack	☐	High cholesterol	☐		

Respiratory

Asthma	☐	Emphysema	☐	Bronchitis	☐
Pulmonary embolism	☐				

Gastrointestinal

Peptic ulcer disease	☐	Hepatitis	☐	Liver failure	☐
Gall stones	☐				

Kidney

Kidney stones	☐	Renal failure	☐	Bladder infections	☐

Neurological

Stroke	☐	Seizures	☐	Dizzy spells	☐
Blackouts	☐				

Others

Diabetes	☐	Thyroid problems	☐

Cancers ☐ **Details**

Previous Surgical History

Have you had any previous operations and if so, when?

Current Medications

What medications do you take? **Blood thinners**?

Do you take any herbal preparations?

Allergies: