Northern Sydney Vascular

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Westbourne Street, St Leonards, NSW, 2065
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Phone: (02) 9439 8972
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PERSONAL DETAILS AND MEDICAL HISTORY FORM

Title (Mr etc)**:** _____ **Surname:** _____

First Name: _____ **Middle Names:** _____

Address: _____

Date of Birth: _____

Home Phone Number: _____ **Work Phone Number:** _____

Mobile Phone Number: _____

Next of Kin (NoK) / Contact Person: (Name) _____

Relationship with NoK: _____ **NoK's Contact Number:** _____

Your Medicare No.: _____ **Ref No.:** _____ **Expiry Date:** _____

If you are in a Private Health Fund…

Name of Fund: _____

Membership No.: _____

If you are a pensioner…

Pension No.: _____

If you hold a Department of Veteran Affairs card…

Gold / White?: _____ **DVA No.:** _____

Version 0.3 – 24th August 2009

Do you have or have you had and of the following?:

High Blood Pressure	Yes / No	Diabetes	Yes / No
High Cholesterol	Yes / No	Heart Disease	Yes / No
Stroke / TIA	Yes / No	Lung Disease	Yes / No
Kidney Disease	Yes / No	Smoking	Current Smoker / Past / Never
Alcohol Consumption	Never / Occasional / Daily		

Your Allergies: _____

Your Medications: _____

_____

_____

_____

Major Operations: _____

_____

_____

GP Details: _____

Any Other Medical Practitioners: _____

(Please include the name of the doctor and the suburb of their practice for both the General Practitioners and Specialists you have seen in the last three years) _____

_____

_____

_____