Ballarat Surgical Clinic

Mr. Michael Condous
F.R.A.C.S. (VASC)
Mr. Ahmed Naqeeb
F.R.A.C.S. , M.R.C.S. (Glasg)
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FRACS Fellow of the Royal Australasian College of Surgeons

FORM 5

Date: _____ / _____ / _____

Name: _____ **Date of Birth:** _____ / _____ / _____

DO YOU TAKE ANY OF THE FOLLOWING?

ASPIRIN	Yes ☐	No ☐	**PIAX / CLOPIDOGREL**	Yes ☐	No ☐
CARTIA	Yes ☐	No ☐	**XARELTO**	Yes ☐	No ☐
ISCOVER / PLAVIX	Yes ☐	No ☐	**ASASANTIN**	Yes ☐	No ☐
PRASUGREL	Yes ☐	No ☐	**ORAL CONTRACEPTIVE PILL**	Yes ☐	No ☐
WARFARIN	Yes ☐	No ☐	**BLOOD THINNING AGENT**	Yes ☐	No ☐

Are you **ALLERGIC** to latex or rubber? **Yes** ☐ **No** ☐
(Please note: This **does not** include surgical tapes, Elastoplast etc.)

Are you **ALLERGIC** to anything else? **Yes** ☐ **No** ☐
(Include surgical tapes, Elastoplast etc. in this section)

If yes, please list	What type of reaction did you have?

Do you take regular medications (including any listed above)?
Yes ☐ **No** ☐
If yes, please list these below.

Name of Medication	Reason for taking drug	Dose and when taken

PATIENT REGISTRATION FORM

PLEASE CIRCLE THE SURGEON YOU HAVE BEEN REFERRED TO: **MR CONDOUS** **MR NAQEEB** **MR SHIMOKAWA**

PATIENT DETAILS

Title	Given Names
Surname	
Preferred Name	
Postal Address	
Suburb	Postcode
Date of Birth (/ /)	Home Phone
Work Phone	Mobile 0 4
Email Address	

MEDICARE DETAILS

Medicare Card Number	- -
Patient Reference Number (Number next to patient name on card)	
Medicare Expiry	0 1 / / 2 0

PRIVATE HEALTH INSURANCE (If Applicable) (note: this does not include Extras only cover)

Private Health Fund	
Membership Number	

PENSION/CONSESSION DETAILS (If Applicable)

Health Care Card (Green)	CRN - -
HCC Expiry Date	/ /
Pension Card (Blue)	CRN - -
Pension Expiry Date	/ /

DEPARTMENT OF VETERAN AFFAIRS (If Applicable)

Veterans Affairs Card Type	
Veterans Affairs Card Number	

REFERRER DETAILS

Referring Doctor	
Referring Doctor Clinic	
Usual GP	
Usual GP Clinic	

NEXT OF KIN DETAILS

Full Name	
Relationship	
Contact Number	

WORKERS COMPENSATION DETAILS (If Applicable)

Employer	
Insurance Company	
Claim Number	
Claim Case Manager	
Case Manager Contact Number	

GENERAL SURGERY
Gastrointestinal & Colorectal Surgery
Endocrine & Thyroid Surgery
Laparoscopic Surgery
Oncological Surgery
Breast Surgery
VASCULAR, ENDOVASCULAR SURGERY

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Colonoscopy & ERCP
Interventional Endoscopy including stenting

BARIATRIC & METABOLIC SURGERY

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