

Personal details

surname:..... title.....
given names:.....
birth date:.....sex: M / F
address:
.....
phone: mob.....other.....
email:
*pls only provide if you would like us to contact you by email
next of kin.....
phone: mob other

Healthcare details

referring dr:.....
address & ph
.....
family dr (if different):
.....
medicare no: _ _ _ _ _ no: ____
valid to: monthyear.....
healthfund Y / N: name
member no
veteran affairs: Y / N

Medical history

weight..... occupation.....
do you regularly take aspirin/warfarin or anything similar?.....
please list all other current medications:.....
please also list any current herbal/homeopathic medications.....
do you have any allergies? Y / N if yes, please list.....
are you at risk of HIV or hepatitis? Y / N is it possible you are pregnant? Y / N
do you smoke? Y / N if yes, how many per day?.....
how many standard drinks of alcohol do you consume each week?.....
have you had previous surgery? Y / N If yes, please list.....
is there anything else you think we should know?.....
for what reason are you seeing Dr Nicklin?.....

Optional

Would you like information on any of the following services?

facial peels botox / wrinkle treatment cosmetic surgery

Other

Your privacy is important to us.

A copy of our privacy policy is on the waiting room wall, and copies are available at the front desk.