



NEW PATIENT DETAILS AND CONSENT FORM

Today's date:		Consulting Dr:			
PATIENT INFORMATION					
Title: Dr / Mr / Mrs / Miss / Ms					
Name:		Middle:		Surname:	
Date of Birth: / /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Home Phone Number:	Mobile Phone Number:
Street Address:					
PO Box:		Suburb:		State:	Post Code:
Email:					
ACCOUNT DETAILS					
Medicare Card No:		Expiry Date:	Medicare Reference No. Next to your name:	Veterans Affairs Card Number:	
Pension Card No:			Pension Card Expiry date:	V/A Card Type: Gold / White	
Private Health Fund Name:			Membership Number:		
PACEMAKER DETAILS					
Do you have a Pacemaker or Loop Recorder? Yes / No					
Company (please circle):		Biotronik / Boston Scientific / Medtronic / St Jude Medical / Other.....			
IN CASE OF EMERGENCY					
Name:		Relationship to patient:	Home Phone Number:	Mobile Phone Number:	
Do you give us permission to contact this person in the event of an emergency or if we are unable to contact you? Yes / No					
GP DETAILS – IF NOT ON REFERRAL					
GP Name:		Address:		Phone No:	
I hereby give my consent to the release of necessary medical documentation being requested by medical practitioner, hospitals, departments or ancillary practices, such as pathology, radiology etc. I also consent to Sydney Heart obtaining relevant medical information pertaining to my care from such practices. We comply with the Australian Privacy Act – for further information visit http://www.privacy.gov.au					
Patient/Guardian signature.....				Date:.....	