

**MR DEREK CHEN**

<b>PATIENT DETAILS</b>					
MR	MRS	MISS	MS	DR	PLEASE CIRCLE
SURNAME:		FIRST NAME:		DATE OF BIRTH:	
ADDRESS:			SUBURB:		POST CODE:
TELEPHONE:		(HOME)	(WORK)		(MOBILE)
OCCUPATION:					
<b>NEXT OF KIN</b>					
SURNAME:		FIRST NAME:		RELATIONSHIP TO YOU:	
ADDRESS:			SUBURB:		POST CODE:
TELEPHONE:		(HOME)	(WORK)		(MOBILE)
<b>REFERRING DOCTOR DETAILS</b>					
DR					
PRACTICE NAME:					
ADDRESS:			SUBURB:		POST CODE:
<b>GENERAL PRACTITIONER</b>					
DR					
PRACTICE NAME:					
ADDRESS:			SUBURB:		POST CODE:
<b>HEALTH FUND DETAILS</b>					
NAME OF HEALTH FUND:			MEMBERSHIP No.:		
VETERAN'S AFFAIRS CARD No.:			GOLD/WHITE:		
MEDICARE No.:		REF. No.:		EXPIRY DATE:	
<b>WC/MVA DETAILS</b>					
EMPLOYER:					
ADDRESS:			SUBURB:		POST CODE:
INSURER:			CLAIM No.:		
<b>MEDICAL HISTORY (PLEASE CIRCLE APPROPRIATE ANSWERS)</b>					
ASTHMA/BRONCHITIS/PNEUMONIA		YES/NO	WEIGHT (KG):		
HIGH BLOOD PRESSURE		YES/NO	HEIGHT (CM):		
HEART DISORDER/ANGINA		YES/NO	MEDICATIONS:		
DIABETES		YES/NO			
BLOOD CLOTS IN LEGS OR LUNGS		YES/NO			
ABNORMAL SHORTNESS OF BREATH		YES/NO			
JAUNDICE/HEPATITIS		YES/NO			
ABNORMAL BLEEDING OR BRUISING		YES/NO	OTHER SIGNIFICANT MEDICAL PROBLEMS:		
DO YOU SMOKE (HOW MANY PER DAY )		YES/NO			
DO YOU DRINK ALCOHOL (QUANTITY PER DAY )		YES/NO			
HAVE YOU BEEN HOSPITALISED OUTSIDE WA IN THE LAST 12 MONTHS		YES/NO	OPERATIONS:		
IF SO, WHERE (STATE OR COUNTRY):					
NAME OF HOSPITAL:					

**AUTHORITY TO RELEASE MEDICAL/PERSONAL INFORMATION**

1. I, \_\_\_\_\_ HEREBY AUTHORISE AND REQUEST MR DEREK CHEN, HIS EMPLOYEES AND/OR OTHER MEDICAL PRACTITIONERS/HOSPITALS TO RELEASE TO MY REFERRING MEDICAL PRACTITIONER AND/OR ANY OTHER MEDICAL PRACTITIONERS WHO MAY BE INVOLVED WITH MY MEDICAL CARE NOW AND IN THE FUTURE, ALL SUCH MEDICAL REPORTS, PERSONAL INFORMATION AND DOCUMENTATION RELEVANT TO MY MEDICAL CARE, INCLUDING PROCEDURE REPORTS, OPERATION REPORTS, TEST RESULTS AND HOSPITAL ADMISSIONS, THAT MAY BE REQUIRED.
2. I ACKNOWLEDGE THAT ALL DEBTS OWED IN RELATION TO THE PROVISION OF SERVICES ARE MY RESPONSIBILITY AND THAT ALL EXPENSES INVURRED IN RECOVERING ANY DEBT OWED FOR THE PROVISION OF SUCH SERVICES IS MY RESPONSIBILITY.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_