FORM TO BE COMPLETED BY PATIENT: **NURSE ASSESSMENT** v 11/2022

NORTHERN RIVERS GASTROENTEROLOGY
DIRECT ACCESS for BALLINA DAY SURGERY - CLINICAL REVIEW

Mr, Ms, Mrs, Dr, Miss or .....
Surname .....
Given Names .....
Date of Birth ...../...../..... Age.....
Home Ph .....
Mobile Ph .....
Work Ph .....
Email .....@.....
Address .....
.....

Next of Kin:
-Name .....
-Relationship .....
-Phone .....
Escort Home Name .....
Phone .....

MedicareCard No .....
Position on Card ..... Exp...../.....
Health Fund – Hospital Cover
.....
Member No.....
Excess $..... Date Joined.....
or
DVA Card No: .....Exp.....
DVA Card Colour .....

GP Name: Dr .....
GP Address: .....

Referring Doctor Name.....

Section B: Medical History – must attach Patient Health Summary from your GP

Have you ever had?	**Y**	**N**
Heart Problems / Chest Pain	❒	❒
High Blood Pressure	❒	❒
Pacemaker / Defibrillator	❒	❒
Diabetes Insulin / Diet / Tablets	❒	❒
Rheumatic Fever	❒	❒
Stroke	❒	❒
Asthma / Wheezing	❒	❒
Lung Disease	❒	❒
Bleeding Disorders	❒	❒
Fits / Epilepsy	❒	❒
Gastric Reflux	❒	❒
Hepatitis / HIV / Aids	❒	❒
Falls within the last 12 months	❒	❒
Any Mobility Aids	❒	❒
Muscle Disorders	❒	❒
Anaesthetic Problems	❒	❒
Brain or Spinal Cord Surgery	❒	❒
Pituitary Hormone Therapy	❒	❒
Hospital Acquired Infection	❒	❒
CJD MRSA or VRE	❒	❒
COVID, if yes, date___/___/__	❒	❒

How many Covid vaccinations have you had ___

Please list Medications NOT listed on the Health Summary (include Recreational & Natural)

Drug Name	Strength	How Often
Your Height		
Your Weight		

Patient to access Ramsay Admission Booklet online or paper copy from Ballina Day Surgery.
Patient to complete and return this booklet direct to Ballina Day Surgery.

Section C: Clinical Details *(to be completed by Northern Rivers Gastroenterology clinical team)*

Provisional Diagnosis	(BMI: _____)
Proposed Procedure(s)	
Special Instructions	

Signed (nurse) ..... *Dated:* ____/___/_____