

Department of Paediatric Surgery
The Children's Hospital at Westmead
Corner of Hawkesbury Road
and Hainsworth Street
Westmead NSW 2145

**Consulting at:
Crows Nest and Westmead**

T 1300 36 22 78 | F 1300 31 56 68
secretary@sydney paediatric surgery.com.au
www.sydney paediatric surgery.com.au

Connected to Argus and HealthLink

ABN 92 816 602 020



**NORTH SHORE & SYDNEY
PAEDIATRIC SURGERY**

PATIENT DETAILS

**PLEASE DOWNLOAD THIS FORM AS A PDF AND COMPELETE IN ADOBE ACROBAT
OR YOUR RESPONSES WILL NOT BE SAVED**

Surname:

Given Names:

Date of birth:

Sex:

Email address:

Phone numbers:

Mum - (H)

(W)

(M)

Dad - (H)

(W)

(M)

Address:

Postcode:

Mother's name:

Mother's occupation:

Father's name:

Father's occupation:

Name of referring doctor:

Doctor's address:

Postcode:

PLEASE CONTINUE ON NEXT PAGE

ANDREW J A HOLLAND

BSc (Hons) MB BS PhD (Syd) FRCS (Eng) FRACS (Paed) FACS

Professor of Paediatric Surgery



FRACS

Fellow of the
Royal Australasian College of Surgeons

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Name of GP/Paediatrician if not referring doctor:

Do you have private health insurance?

YES NO

Name of fund:

Membership No.

Patient Card No.

Medicare No. Patient Card No. Parent Card No. Card expiry /

Parent date of birth (billing purposes): / / Mum Dad

(Please tick – must be same as parent listed above on Medicare card)

If your child requires admission do you want him/her to be admitted as a private patient? YES NO

What is the main problem?

When did the problem start?

Is there a family history of a similar problem?

PAST HISTORY

Pregnancy: Normal Problems

If problems, what were they?

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PAEDIATRIC SURGERY**

Delivery: Normal Problems

If problems, what were they?

Was baby premature? YES NO

Gestation at delivery:

Baby's development:

Smiled at 6 weeks (approx)

Walked at 1 year (approx)

School

Are immunisations up to date?

Any known allergies?

If your child has had a previous operation was he/she allergic to latex?

Any serious illnesses?

Any operations?

Any medications? (current or periodic)

PLEASE CONTINUE ON NEXT PAGE

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Any family history of problems with anaesthetics or operations? YES NO

Details:

Any family history of patient problems with bleeding? YES NO

Any other relevant information?

Would you be willing to be contacted about supporting the hospital's research activities? YES NO

PLEASE SAVE YOUR RESPONSES

SAVE

Email completed form to: secretary@sydneypaediatricsurgery.com.au

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