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@sydneypaediatricsurgery.com.au www.sydneypaediatricsurgery.com.au

Connected to Argus and HealthLink

ABN 92 816 602 020



# **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



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## Name of GP/Paediatrician if not referring doctor:

Do you have private health insurance?	Name of fund:	
YES NO		
Membership No.	Patient Card No.	
Patient	Parent Card	
Medicare No. Card No.		
Parent date of birth (billing purposes):	Mum Dad	
	(Please tick – must be same as parent listed above on <b>Medicare</b> card)	
If your child requires admission do you want him/her to be add	mitted 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?		

# PLEASE CONTINUE ON NEXT PAGE

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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: <a href="mailto:secretary@sydneypaediatricsurgery.com.au">secretary@sydneypaediatricsurgery.com.au</a>

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