

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Known As: _____ DOB: _____

Street Address: _____

Suburb: _____ Postcode: _____ State: _____

Postal Address (if different from residential): _____

Address: _____

Suburb: _____ Postcode: _____ State: _____

CONTACT INFORMATION:

Mobile: _____ Home Phone: _____

Email Address: _____

ACCOUNT INFORMATION:

Health Fund: _____ Membership Number: _____

Level of Cover: Hospital Full Restricted

How long have you been with this Health Fund? _____

Medicare Number: _____ Ref Number: _____

DVA Number: _____

REFERRAL:

Referring Doctor: _____

Address: _____

General Practitioner (if different to referring doctor): _____

Address: _____

Other Interested Parties: _____

Address: _____

EMERGENCY CONTACT DETAILS:

Emergency Contact: _____ Mobile: _____



MEDICATIONS:

Current Medications: _____

Allergies: _____

MEDICAL HISTORY: Current: Height: _____ Weight: _____

Medical Conditions: _____

Previous Surgeries: _____

PRIVACY AND CONSENT:

I understand that The Australian Pelvic Floor Institute (APFI) handles personal information in accordance with federal and state privacy laws. I consent to the handling of my information by this practice for the purpose of providing me with quality healthcare, which includes permitting my medical information to be obtained from any other medical services involved in my care, my medical information to be shared with other treating allied health professionals. I also give permission for my information to be used for associative administrative and billing purposes.

I understand that in order to provide me with the best available treatment and care APFI may be required to perform certain non-invasive diagnostic assessments and or procedures. I hereby give consent to APFI at the discretion of the medical practitioner to conduct such examination/investigations and/ or procedures should they be deemed an essential part of my diagnostic assessment and treatment regime.

Print Name: _____ Date: _____

Signature: _____

If unable to sign, please tick this box acknowledging the above privacy and consent statement.
