# Patient Registration Form

To help us provide you with the best possible care, please fill out our patient registration form.
This information will be kept on your file and treated as confidential (see Privacy Policy).

## Patient Details

Title | First Name | Last Name

Date of Birth | Sex | Email

Residential Address

Mobile | Home Phone

## Next of Kin

Full Name | Relationship to you

Phone | Mobile

## General Practicioner

Title | First Name | Surname | Phone

Address

## Medical and Allied Health Team

Please list the name, speciality and contact details of any other health professionals involved in your care

Name | Speciality | Phone

Practice Address | Fax

Name | Speciality | Phone

Practice Address | Fax

Name | Speciality | Phone

Practice Address | Fax

Dr Adrian Praeger
NEUROSURGEON

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## Medicare Information

Medicare Number

Card Reference No.

Expiry Date

## Private Health Insurance

Health Fund Name

Membership Number

## Aged / Disability Pension

Do you have a Veterans' Affairs Card?

☐ Gold ☐ White

Card Number

Do you have Aged pension?

☐ Yes ☐ No

Pension number

Do you have Disability pension?

☐ Yes ☐ No

Pension number

## Work Cover (if relevant)

Claims Number

Employer

Insurance Company

Insurance Agent Name

Telephone

Address

## TAC (if relevant)

Date of Accident

Claims Number

## Medical History

Please list ANY medical conditions, in particular any heart attacks/disease, strokes and lung disease

## Allergies

Please list ANY allergies you may have to medications, tapes, dressings, anaesthetics, lotions or foods.



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## Surgical History

Please list ANY previous operations, including dates and any surgical complications

## Current Medications

Please list current medications including dosage (prescription & non-prescription)

Do you take any blood thinning medication? Yes No

Tick all that you take

- Aspirin / Aspro / Cartia
- Warfarin
- Clopidogrel / Plavix
- Apixaban / Eliquis
- Rivaroxaban / Xarelto
- Ticagrelor / Brilinta
- Other

I smoke cigarettes per day.

I stopped smoking years ago.

How much alcohol do you drink?

per

## Consent

I confirm that all my details provided in this form are accurate and that I have read and understood Dr Adrian Praeger's Privacy Policy.

In the event that any of details on this form change, I acknowledge that I will advise Dr Adrian Praeger's rooms, so that my records are always up to date.

I consent to being contacted regarding research projects that Dr Adrian Praeger participates in.

I consent to receive correspondence via email.

All consultation fees are due and payable on the day of consultation. The practice does not routinely bulk bill patients. Procedures are in addition to the consultation. DVA, TAC and Workcover patients are required to pay for their consultation on the day, and seek reimbursement from DVA, TAC or Workcover themselves. Procedures will need to be pre-approved if under DVA, TAC, or Workcover. Failure to attend a booked appointment without prior notification will incur a fee.

Signature Date

Please sign electronically or save completed form, and email to: rooms@DrAdrianPraeger.com.au

Dr Adrian Praeger
NEUROSURGEON