

Title: ..... Surname: ..... First Name: .....

Address: .....

Date of Birth: ..... Phone: H ..... MOB: .....

Email Address: .....

Medicare No: ..... Pt Ref No: ..... Expiry Date: .....

Health Fund Name: ..... Membership No: .....

Your next of kin details (family member or friend/ medical power of attorney):

Name: ..... Relationship to you: .....

Contact Number: .....

Name of General Practitioner..... Phone: .....

Address: .....

Do you have or have had any of the following?

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Anaesthetic problems | <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Bad scars           |
| <input type="checkbox"/> Bleeding problems    | <input type="checkbox"/> Blood clots           | <input type="checkbox"/> Cold sores           | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Healing problems     | <input type="checkbox"/> Heart problems        | <input type="checkbox"/> Hepatitis            | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> HIV/AIDS risk        | <input type="checkbox"/> Psychiatric treatment | <input type="checkbox"/> Spinal/neck problems |  |

Please list current illnesses:.....

List current medications:

*(include aspirin, cortisone, steroids, anti-inflammatory, warfarin, fish oil, herbal products and over-the-counter preparations)*

Do you smoke? ... How many per day?..... Alcohol intake: ..... drinks per day

**Allergies:** .....

Previous operations: .....

*The usual policy of Dr Lotz is to write to your referring doctor and send a copy of the letter to your GP and possibly any other relevant doctors involved in your care. We may also need to contact other doctors to obtain any relevant medical reports to aid in treating your condition. Part of the consultation may involve taking photographs to keep in our medical records. If you have any concerns regarding this then please discuss this with Dr Lotz.*

*Our privacy policy is attached and on our website, and by signing here you agree that you have seen it and agree to the above.*

Signature: ..... Date: .....