Dr Nicholas Lotz
Confidential Patient Registration

Confidential Patient Details: (sticker)

Name of your General Practitioner……………………………………………………………………………………..…

Suburb: …………………………………………………………………………Phone: ……………………………………

Medicare Card No: ………………………………………………………. Expiry Date: ……………………………..

Do you have private health insurance? ☐ **Yes** ☐ **No**

Fund Name:: …………………………………………………

Membership No: …..…………………………… …………………

Veteran Affairs Cardholder? Cardholder number: …………………………Expiry Date: ….…………………………

Worker's Compensation Claim? …………………………………………………………………………………....
Insurance Company ……………………………………………………………………………………………………..
Company Name …….
Telephone number: ………………………..

Do you have or have had any of the following?

☐**Anaesthetic problems**	☐**Arthritis**	☐**Asthma**	☐**Bad scars**
☐**Bleeding problems**	☐**Blood clots**	☐**Cold sores**	☐**Diabetes**
☐**Healing problems**	☐**Heart problems**	☐**Hepatitis**	☐**High blood pressure**
☐**HIV/AIDS risk**	☐**Psychiatric treatment**	☐**Spinal/neck problems**	

Please list current illnesses:……………………………………………………………………………………………….

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List current medications:
(***include aspirin, cortisone, steroids, anti-inflammatory, warfarin, herbal products and over-the-counter preparation****s)*

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Do you smoke? ……………………… How many per day?……………….. Alcohol intake: ☐ Yes ☐ No

Allergies: ……..……………………………………………..………………………………………………………………

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Previous operations: ……………………………………………………………………………………………………….

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How did you hear about Dr Lotz? ☐ **Referral** ☐ **Advertisement** ☐ **Internet** ☐ **Other …………………**

Do you wish to receive marketing information? ☐ Yes ☐ No. email address: …...……………………………...

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