MACQUARIE
RESPIRATORY & SLEEP

NEW PATIENT DETAILS AND CONSENT FORM

Title:		Address:	
First name:			
Surname:		Suburb:	
Middle name:		Postcode:	
Known as:		Home Phone:	
Date of birth:		Work Phone:	
Email:		Mobile:	

I give permission to send SMS or email for appointment confirmations YES / NO

Medicare No:		Ref. No:	
M/care expiry:			
Private Fund:		Member No:	
DVA No:		Card Colour:	GOLD / WHITE
Pension No:		Expiry date:	

Emergency Contact:		Contact Ph:	
Relationship:			

Permission to contact in the event of any emergency/if we are unable to contact you? YES / NO

Usual GP:		Referring Dr:	
GP Phone:		Referring Dr Ph:	
GP Address:			

Medications:

Consent:

I hearby give my consent to the release of necessary medical documentation being requested by medical practitioners, hospitals, departments or ancillary practices such as pathology, radiology etc.
I am fully aware of any fees/charges for consultation/tests performed.

Signed: Date:

Our practice complies with the Australian Privacy Act - for further information visit www.privacy.gov.au

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What operations have you had?

1	5
2	6
3	7
4	8

What Illnesses do you have?

1	6
2	7
3	8
4	9
5	10

Allergies:

Your smoking history:

1. Never smoked	4. Average no. of cigarettes per day
2. Age when started smoking	5. Reason for stopping
3. Age when stopped smoking	6. Do people at home smoke?

Your alcohol history:

1. Never drink alcohol	4. Preferred drink/s
2. Age when started drinking	5. Average daily consumption
3. Age when stopped drinking	

Environmental exporsures:

Are you exposed to birds at home?
What pets do you have?
Have you been exposed to asbestos?
Do you have other exposures?
What is your occupation?

Family History:	**Living relatives**		**Deceased relatives**	
Mother	Age:	Illness:	Age:	Illness:
Father	Age:	Illness:	Age:	Illness:
Brothers	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness:
Sisters	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness:
Children	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness:
	Age:	Illness:	Age:	Illness: