DR.TANUSHREE
RAO
MBBS,MS,MICOG,MRCOG (U.K),FRANZCOG
AGES TRAINED ENDOSCOPIST
LIVERPOOL| CAMPBELLTOWN | BOWRAL

www.medgyne.com
Ph: 02 81041330
Fax: 02 81041550

SCAN ME

New Patient Registration Form

This practice is committed to providing patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Title (please circle): Mrs Ms Miss Dr Other: _____

First Name: _____ Surname: _____
Date of Birth: _____ Gender _____
Address: _____
_____

Mobile Phone: _____ Home Phone: _____
Consent for SMS appointment reminders □
Email: _____

Medicare Number: _____ Ref No: ___ Expiry Date _____
Private Insurance: Yes □ No □ Health Fund Name: _____
Membership number: _____

Emergency contact: _____ Phone Number: _____
Relationship to Patient: _____

Patient history

Current health problems:

Past medical problems:

Family history of any health conditions?

Current medications:

Allergies and what happens when exposed: (*include any adverse drug reactions)*

Women's Health Road
6 Hilmer Street
Frenches Forest NSW 2086

Are you currently working? ☐ Yes ☐ No

If **YES,** please provide detail (e.g., full- or part-time, occupation)

Lifestyle -

Do you currently smoke? Yes ☐ No ☐

Do you take any recreational drugs? Yes ☐ No ☐

Do you drink alcohol? Yes ☐ No ☐

If YES, please provide detail – how often do you drink alcohol? How much would you drink?

How many hours of physical activity do you do on an average week? _____ hours

How many servings of fruit and vegetables do you eat per day on average? ____ Fruit, ____ Vegetables

Do you identify as-

Aboriginal? Yes ☐ No ☐

Torres Strait Islander? Yes ☐ No ☐

In order to comply with the **Health Records and Information Privacy Act 2002** (NSW), your consent is required to collect and use personal and health information for the purposes below:

- Administrative purposes
- Billing purposes (including compliance with Medicare and Health Insurance Commission requirements)
- Disclosure to others involved in your healthcare, e.g. your GP/referring doctor, other relevant specialists
- To comply with any legislative or regulatory requirements, such as notifiable diseases.
- For reminders and recalls which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above but it may influence
our ability to manage your health care to provide the best outcome for you. Please be assured that your information will be stored securely as per the **Australian Privacy Principles.**

I, _____ consent to Women's Health Road clinicians and practice staff to use my information for the purposes listed above.

Signature: _____ Date: _____