Neurosurgery55
Brain and Spine Specialists

Mr Tiew Han, MBBS FRACS
Consultant neurosurgeon
Ph: 9417 3138
Fax: 9417 3139
email: office@neurosurgery55.com.au

Personal Details

Mr Mrs Master Miss Ms Dr Prof Other Date of Birth: _____/_____/____________

Surname: _____________________________________ Given Name: ______________________________________

Address: ____

Suburb: ____ Postcode:________________________

Email: ____

Occupation: ____

Telephone Numbers: Home: _______________________

Work: _________________________ Mobile:_______________________ Emergency: _______________________

Next of kin details (family member or friend / medical power of attorney)

Name: ____ Relationship to you:________________________________

Contact number: ________________________________

Communications

Do you consent for Mr Han or his staff to leave a message on your Home/Mobile Number? YES / NO

Do you consent for Mr Han or his staff to leave a message with your Emergency Contact Person? YES / NO

Do you consent for Mr Han or his staff to correspond with you via email? YES / NO

GP's Details

Name: ____________________________________ GP Provider Number: _______________________________

Practice address:____

Contact number: ____

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Medicare and Private Health Insurance Details

Medicare Number: ______________________________ Ref No: ________ Exp Date: _______________________

Private Health Insurance: Yes No

Fund Name: _________________________________ Fund Number: ____________________________________

Level of cover: ____

Concession Cards:

Aged or Disability Pension No: __________________________________ Exp Date: _________________________

Dept. Veterans Affairs Card No: __________________________ White Gold Exp Date: _______________________

Health Care Card No: ___________________________________ Exp Date: ________________________________

WorkCover Details (If applicable)

Is this visit related to a WorkCover injury Yes No

W/C Claim No: _______________________________ Date of Injury: ___________________________________

Insurer: __________________________________ Employer: ____

Claims Officer Details

Name:________________________________ Phone:_____________________ Fax: _______________________

TAC Details (If applicable):

Date of Accident: ________________________________ Claim Number: ________________________________

Claims Officer Details

Name:________________________________ Phone:_____________________ Fax: _______________________

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Medical History

Please list current medications:

____

____

Please list previous surgical procedures:

Operation: ____ Year Performed: ______________

Operation: ____ Year Performed: ______________

Operation: ____ Year Performed: ______________

Do you smoke cigarettes? Yes / No If so, how many and for how long? ______________________________

Do you take any blood thinning agents (eg Warfarin, Plavix, Aspirin, Asasantin etc)? Yes / No

Details: ____

Do you have any allergies? Yes / No If yes please include details:

____

____

Please indicate if you suffer or have suffered from any of the following:

Condition			Condition		
Deep venous thrombosis (DVT)	Yes ☐	No ☐	Coronary Stent	Yes ☐	No ☐
Heart Attack	Yes ☐	No ☐	Migraines	Yes ☐	No ☐
Epilepsy	Yes ☐	No ☐	Tuberculosis/chronic infection	Yes ☐	No ☐
Pulmonary embolism (PE)	Yes ☐	No ☐	Angina	Yes ☐	No ☐
Open Heart Surgery	Yes ☐	No ☐	Diabetes	Yes ☐	No ☐
Stroke	Yes ☐	No ☐	Asthma / COAD	Yes ☐	No ☐
Bleeding disorder	Yes ☐	No ☐			

Other:

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Privacy

All information collected by this practice will be used for providing healthcare. Collection and utilization and storage of this information will be compliant with the 2001 Health Records Act.

I consent to Mr Tiew Han collecting and storing my health information:

Signature: ____ Date: ___/___/_______

Name: (Please Print) ____

Payment Policy

In the event that an invoice remains unpaid we will engage a debt collector to collect the debt and add any commission charged to your overall debt.

SIGNED____

How did you hear about us?

Referred by Doctor:

GP or Specialist ____

or (Please circle)

Our Website

Royal Australian College of Surgeons (RACS) website

Google Search

Yellow Pages

White Pages

Personal recommendation: (details)____

Other: (details) ____