

Patient Registration Form

Miss/Ms/Mrs	Surname	First name	Date of birth
Home address		PO Box (if applicable)	
Street		PO	
Suburb		Suburb	
Postcode		Postcode	
Home phone		Mobile phone	
Email address			
Occupation			
Medicare number	Reference number (left of name)	Expiry date	
Private health fund	Membership number	Type of cover HOSPITAL/EXTRAS/BOTH	
DVA file number		Gold card/White card/Other (please specify)	
Pension/HCC number			
GP name		GP suburb	
Emergency contact (Next of Kin) Name		Telephone number	
Relationship			
Allergies			

Would you like SMS appointment reminders? YES NO

Would you like email appointment reminders? YES NO

PROF A OBERMAIR – GYNAECOLOGICAL ONCOLOGIST

Level 10, 225 Wickham Terrace, Spring Hill QLD 4000

Phone: 3128 0800

PRIVACY CONSENT

The provision of quality health care requires a doctor-patient relationship of trust and confidentiality. Consistent with our commitment to quality care this practice has developed a policy to protect patient privacy in compliance with private legislation.

It may be necessary for us to collect personal information from patients and sometimes others associated with their health care in order to attend to their needs and for administrative purposes.

In the interests of the highest quality and continuity of the patient’s health care this may also include sharing information with other health care providers who comprise a patient’s medical team from time to time.

If you have been diagnosed with cancer or pre-cancer your case may be discussed at a multidisciplinary team meeting with the aim of enhancing the effectiveness and safety of your care. At this meeting histopathological test results as well as medical imaging, your care and treatment may be discussed with other health professionals including but not limited to pathologists, specialist nurses, radiologists, radiotherapists, medical oncologists and specialist trainees.

This practice will also send a letter to all relevant health care providers (your referring doctor, your GP) detailing the diagnosis and treatment provided. Any person to whom your personal or health information is disclosed is required to keep that information confidential.

Research is regularly carried out by gynaecological oncologists to assist in developing better treatment/cures for diseases. Prof. Obermair is a full member of the Queensland Centre for Gynaecological Cancer, which may store and process data relating to your condition/treatment for research and education purposes (note: this information will be kept anonymous at all times).

In addition, Prof. Obermair will use your anonymous data about treatment outcomes in quality assurance programs to self-audit and further improve his surgical performance.

I do / do not agree that photos are taken and used in a de-identified way for medical illustration, training and education purposes to medical and nursing staff. Dr Obermair alone will have access to these images, which are stored electronically on his phone and on his computer (both password protected).

I have read the above information and give my consent to the above.

Signed.....

Date: ___ / ___ / ___

Medication History

Patient's Name:

Date of Birth:

Prior to your surgery, it is extremely important that we are aware of any medication that you may be on the thin out your blood. To help us gather this information, please answer the following questions by putting a ✓ in the appropriate box.

Thank You.

DO YOU TAKE ANY PRESCRIPTION MEDICATION? LIST BELOW OR ATTACH YOUR OWN LIST.

NAME	STRENGTH	HOW OFTEN

DO YOU TAKE ANY OVER THE COUNTER MEDICATION (INCLUDING HERBS, SUPPLEMENTS)

DO YOU TAKE ANY BLOOD THINNING MEDICATION NOT LISTED ABOVE?

PLEASE BRING RELEVANT MEDICAL IMAGING FILMS AND REPORTS WITH YOU FOR YOUR CONSULTATION.