

New Patient Form

Title		Given Names		Surname	
Date of birth		Occupation			
Telephone		Mobile		Email	
Address		City		State	
				Postcode	
Next of Kin		Relationship		Mobile	
Medicare number		Individual Reference Number		Expiry	
Private Health		Fund name		Member no.	
DVA		DVA no.			
Referring doctor					
Practice address		City		State	
				Postcode	
If the referring doctor is not your General Practitioner, please provide their details.					
GP name		Practice name			
Practice address		City		State	
				Postcode	
Do you currently have a regular physiotherapist you see?		Physiotherapist name			
Practice address		City		State	
				Postcode	

In your own words what is the problem that you are seeing Dr Martin about, how is it affecting your daily life, how long have you had this problem and is it getting better or worse?

Have you had any previous operations? If so, what and were there any problems or complications?

Medical History

Do you take regular medications?

If yes, do you regularly take:

Warfarin

Clopidogrel

Aspirin

Other blood thinners

Do you regularly take herbal medications?

If yes, which ones?

Do you regularly take pain medications?

If yes, please specify type, quantity and frequency.

Do you drink alcohol?

If yes, how many days per week?

How many drinks per day?

Do you smoke cigarettes?

If yes, how many cigarettes per day?

How many years have you been smoking for?

Are you allergic to the following?

Latex

Iodine

Chlorhexidine

Dressings

Please specify which ones.

Do you have drug allergies?

If yes, please specify which ones and what the allergy is.

Rash

Shortness of breath

Swelling

Anaphylaxis

Other

Have you had any type of previous surgery?

If yes, please list the type of surgery and when.

If you are male, over 50 do you need to get up at night often to urinate?

Medical Checklist

Please check the boxes that apply below OR check this box if you do not have any medical problems:

Cardiac

Heart attack

High blood pressure

Low blood pressure

Cancer

Breast

Lung

Prostate

Knee region

Other

Infections

Hepatitis B

Hepatitis C

HIV/AIDS

Endocrine

Diabetic

Diet

Tablets

Insulin

Overactive thyroid

Underactive thyroid

Respiratory

Pulmonary embolus

DVT

Asthma

Emphysema (COPD)

Obstructive sleep apnoea (CPAP)

Other

Rheumatoid arthritis

Other inflammatory arthritis

Kidney problems

Strokes

Indigestion or reflux

Stomach ulcers

Other

Please specify.

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