Haematology QUEENSLAND

PATIENT ADMISSION INFORMATION SHEET

PATIENT DETAILS...

Title: ○ Mr ○ Mrs ○ Miss ○ Ms ○ Dr Sex: ○ Male ○ Female

Marital Status: ○ Married / Defacto ○ Single ○ Widowed ○ Separated ○ Divorced

Surname: .....

Given Names: .....

Residential Address: .....

..... Postcode: .....

Postal Address: .....

..... Postcode: .....

Email Address: .....

Phone: Home..... Work..... Mobile.....

I consent to receive **SMS** reminders for my upcoming appointments ○ NO ○ YES

Date of Birth: ..... Country of Birth: .....

Are you of Aboriginal or Torres Strait Islander Origin? ○ NO ○ YES

Occupation: .....

NEXT of KIN...

Title: ○ Mr ○ Mrs ○ Miss ○ Ms ○ Dr Relationship: .....

Name: .....

Address: .....

Phone: Home..... Work..... Mobile.....

Name of REFERRING DOCTOR...

.....

Name of GENERAL PRACTITIONER (GP)...

.....

Do you have an ENDURING POWER of ATTORNEY?...

You would use an Enduring Power of Attorney to appoint someone to make financial and / or personal decisions on your behalf if you became unable to make your own decisions.

○ NO ○ YES ...please consider providing a copy for our record

Do you have an ADVANCED HEALTH DIRECTIVE?...

An Advance Health Directive is a document that states your wishes or directions regarding your future health care for various medical conditions. It comes into effect ONLY if you are unable to make your own decisions.

○ NO ○ YES ...please consider providing a copy for our record

ENTITLEMENTS / HEALTH COVER DETAILS...

MEDICARE NUMBER

EXPIRY DATE

		/				

Number NEXT to your name on the Medicare card ↑

CONCESSION CARD NUMBER

			-				-				

EXPIRY DATE

		/			/		

○ Pension ○ Commonwealth Seniors ○ Heath Care Card

PHARMACEUTICAL SAFETY NET NUMBER

S	N									

YEAR OF ISSUE

DVA NUMBER (Department of Veterans' Affairs)

Color of Card: ○ Gold ○ White ○ Orange

Do you have PRIVATE HOSPITAL INSURANCE?

○ NO ○ YES... please complete the following

NAME OF FUND .....

MEMBERSHIP NUMBER .....

COMPLETED BY...

NAME (printed): .....

SIGNATURE: ..... Date: ..... / ..... / .....

Thank-you for your time. When you have your consultation, please let me know if you have any questions about this form.