

Anne Kolbe

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PAEDIATRIC SURGEON

PATIENT REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR CHILD

Surname

First Name (&preferred name if any)

Date of Birth Age.....(Years and months)

Postal Address

Street Address

Contact Numbers Home.....Work..... Mobile.....

Email Address

Are you happy to receive correspondence to the above email address? Y N

Parents Names

Insurance Provider Membership Number.....

Name of Referring General Practitioner

1. Please outline the reason for the consultation today

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2. Please outline what you would like to achieve during the consultation, including any specific questions you would like answered.

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Please turn over page

PLEASE PROVIDE DETAILS ON YOUR CHILD'S PAST MEDICAL HISTORY

1. Has your child ever had a serious illness e.g. asthma, heart disease, bleeding disorder, febrile convulsion, kidney disease, gastro-oesophageal reflux?

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2. Has your child ever been hospitalised with any illnesses? If so please list, indicating the year of hospitalisation?

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3. Has your child ever had an operation requiring general or local anaesthetic? If so please list, indicating the year of the operation.

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4. Was there a complication with or reaction to that anaesthetic(s)? If so please outline the nature of the complication and /or reaction.

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5. Does your child take any medications on a regular basis? If so please list, indicating the dosage schedule.

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6. Is your child allergic to any medications that you know of? If so please list indicating the nature of the allergic reaction.

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7. Does anyone in your child's maternal or paternal family suffer from a bleeding disorder or significant reaction to general anaesthetics? If so please outline the diagnosis and/or reaction.

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8. Please supply us with the contact phone number, postal and email address of your nearest relative not living with you.

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9. **PAYMENT TERMS:** Payment in full is required on the date of consultation. We accept payment by Visa, MasterCard, EFTPOS, cash, cheques or direct credit (please request details if paying online). Payment for surgery is required within 7 days of the date on which the procedure takes place.

Signed

Date

Thank you for your assistance

Anne Kolbe

