

Dr. **SULMAN AHMED** MBBS (syd.) MS (syd.) FRACS

Dr **ANDREW LING** BmedSc(Hons1) MBBS, FRACS

**PATIENT INFORMATION SHEET**

Name.....

Date of birth:.....Country of birth.....

Medicare No.....Exp.....Reference.....(left side of name)

Address.....

Email..... Phone/Mobile.....

Local GP .....

Health Fund.....Member No.....

**PAST MEDICAL HISTORY- What medical problems do you have?**

- Cancer      Heart Disease/      Stroke  
 Diabetes      Lung Disease      Other.....

Do you smoke?       Yes       No      If yes, how many? \_\_\_\_\_

Do you drink alcohol?       Yes       No      If yes, how much? \_\_\_\_\_

List all operations / procedures that you have had and when they were performed:

Surgery/Procedure:	Surgeon:	Date:

**Family Medical History-Mother/Father/siblings etc**

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**Allergies**.....

Circle any of these medications if you take them: **Aspirin/Warfarin/Iscover/Plavix/Clopidogrel:**

Other Medications including birth control pills and vitamins:

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**Please note:**

- **Due to Privacy Laws you are required to agree that we can report back to your GP and other doctors (if required) about your medical health.**
- If you require an operation you may elect to be a public or private patient.
- If you are a *PUBLIC PATIENT*, then **any doctor who is training to be a specialist will perform the operation** and you will be placed on the waiting list which can be up to 1yr.
- If you are a *PRIVATE PATIENT*, the operation **will be performed by Dr Sulman Ahmed** in a *PRIVATE* hospital, an operation date will be given and you will be given a quote of the costs involved.
- If you do not have *PRIVATE HEALTH INSURANCE* but elect to be a self-funded *PRIVATE PATIENT* in a **PRIVATE hospital**, we can provide a quote for the costs involved and **Dr Ahmed will perform the surgery** and an operation date will be given.
- If you do not have *PRIVATE HEALTH INSURANCE* but you elect to be a self-funded *PRIVATE PATIENT* in a **PUBLIC** hospital, we can provide a quote for Dr Ahmed's fees and Dr Ahmed will perform the surgery, however you will be placed on the *PUBLIC* wait list. Unfortunately, no operation date will be given.

I hereby give authority for my medical records to be forwarded to other medical practitioners and allied health professionals in relation to my medical condition.

Signature .....Date.....

NAME.....