PATIENT INFORMATION SHEET

Title		Date	
Surname		Given Names	
Date of Birth		Preferred Name	

RESIDENTIAL ADDRESS:

Unit/House Number and Street Name			
Suburb		Postcode	

POSTAL ADDRESS (if different from residential address)

TELEPHONE NUMBERS AND EMAIL

Mobile		Home	
Work		Email	

EMERGENCY CONTACT

Name		Phone Number	
Relationship			

MEDICARE OR DVA DETAILS

Medicare No		Ref No		Exp Date	
DVA Number		Gold Card ☐		White Card ☐	

DO YOU HAVE:

Private Health Insurance		Yes ☐		No ☐		
If YES, name of Fund				Membership No:		
Aged Pension	Yes ☐	No ☐	Pension No:		Exp Date:	
Disability Pension	Yes ☐	No ☐	Pension No:		Exp Date:	

Are you a WORKCOVER or INSURANCE Patient? If so we need the following details

Claim No:		Injury		Occupation	
Name of insurer		Case Manager		Phone No:	
Employer		Address		Phone No:	

WHO IS YOUR USUAL GP

Name		Phone No	
Address			

What is the main problem(s) you are coming to see us for – i.e. the reason for your consultation?

Do you have any other current medical problems?

Have you had any past medical problems or operations?

Have you had any recent scans or blood tests within the last six to twelve months? If yes please list below

Type of test or Scan	Name of Provider (eg QScan, QML)	Date of Test or Scan

Please list any current medications you are taking

Medication Name	Dose	How often (e.g. once a day)

Please list any medication prescribed in the last 12 months that you may no longer be taking

Have you ever seen another neurologist? NO☐ YES☐
If yes please enter the doctors name and date seen

Name	Date Seen

Have you seen any other specialist doctors in the last six to twelve months? NO☐ YES☐
If yes please enter the doctors name and date seen

Name	Date Seen

Have you had any recent hospital admissions – if yes please provide details below

Hospital	Date of admission

When is your next appointment with your referring doctor?