

History of **Smoking**: Yes No Current Years: Amount /day

Alcohol consumption (units/wk):

Are you **Pregnant**? Yes No N/A

Prior surgical procedures / medical treatments (incl. radiotherapy & chemotherapy):

Medications / Drugs:

Prescription medication

Steroids Contraceptive Pill HRT

Anti-coagulants (blood thinners):

Aspirin Clopidogrel / Plavix Heparin / Clexane

Warfarin Rivaroxaban / Xarelto Daparidymol / Asasantin

Thrombin inhibitor / Dabigatran / Pradaxa

Current or previous use of osteoporosis medication

Other:

Over-the-counter medication (incl. herbal & vitamins):

Recreational:

Allergies (including medications, tapes, lotions, latex, and dressings):

Reason(s) for consultation today:

Account & Privacy Policy

Accounts are to be settled on the day of consultation. EFTPOS, Visa, and MasterCard credit facilities are available. Personal cheques are not accepted. Accounts not settled on the same day will incur additional administrative charges. Radiology and Pathology services incur separate fees for which the provider will bill you. An estimate of the surgical fees for a procedure will be provided to you before surgery. Please note that it is your responsibility to ensure that you have a valid referral for all consultations. Medicare will only re-imburse your rebate if you have a valid referral. General Practitioner referrals are valid for 12 months and Specialist referrals are valid for 3 months. Please notify us if you would like to view our full privacy policy.

I have read and understand these terms and conditions.

Name:

Signature:

Date: / / 20