

NEW PATIENT REGISTRATION



**Weight & Metabolic
Solutions Australia**

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(Circle Correct Answer) MISS / MS/ MRS / MR / DR / MASTER SEX: ☐ M ☐ F

FIRST NAME:

SURNAME:

ADDRESS:

SUBURB: POSTCODE:

DATE OF BIRTH: MOBILE:

HOME PHONE: WORK PHONE:

EMAIL:

MEDICARE NO: REF NO: EXPIRY:

HEALTHFUND: HEALTHFUND NO:

LEVEL OF COVER:

OCCUPATION:

NEXT OF KIN: RELATIONSHIP:

CONTACT DETAILS:

HEIGHT: CURRENT WEIGHT:

REASON FOR CONSULT

☐ GENERAL SURGERY

☐ WEIGHT LOSS SURGERY

☐ PSYCHIATRY

HEALTH HISTORY: Do you smoke? ☐ YES ☐ NO

Do you drink alcohol? ☐ YES ☐ NO

Do you take recreational drugs? ☐ YES ☐ NO

CURRENT MEDICATIONS:

SECONDARY ILLNESS':

ALLERGIES:

CURRENT GP DETAILS: DR: CLINIC:

ALL PATIENT AUTHORITY

Do you authorize to receive appointment reminders by SMS to your mobile? ☐ YES ☐ NO

Do you authorize for messages to be left for you identifying the surgery as the caller? ☐ YES ☐ NO

Would you like to subscribe to our news letter? ☐ YES ☐ NO

WEIGHT LOSS PATIENT AUTHORITY

Would you like to be contacted to share your story? ☐ YES ☐ NO

Would you be interested in having before and after photos taken? ☐ YES ☐ NO

YOUR PRIVACY

In accordance with the *Privacy Act (1988)* all information collected in this practice is treated as 'sensitive information'. To protect your privacy, this practice operates in accordance with the act. We use the information that you provide to manage your health care. You can assist in maintaining the accuracy of your information by advising the practice of changes of address, phone number etc.

Selected information may be disclosed or obtained with various other health services involved in supporting your health care management (e.g. Pathology, Radiology, Hospitals or other doctors and specialists).

If you have any questions regarding the management of your personal health information or need to arrange to access your records, please ask the staff or your doctor, as appropriate.

I, (Print Name) acknowledge and understand the above and provide my consent.

PATIENT SIGNATURE: DATE:/...../.....