Dr Lara Freeman
M.B.B.S. (Hons), F.R.A.C.S.
General, Upper Gastrointestinal
& Bariatric Surgeon.

NEW PATIENT REGISTRATION FORM

Title: Given Names: Family Name:

Preferred Name: Sex

Date of Birth: Age:
Height (cm): Weight (kg):

Contact Information

Street Address: Suburb:

Postcode: State:

Home Phone Number: Mobile Number:
Email Address:

Occupation:

Do you need a medical certificate for today? Yes

Name: Relationship:
Contact number: Next of Kin?

GP name: Practice Name:
Address:

Medicare number:
Expiry Date: Reference No:

Private Health Insurance Provider:

Member number:

How long have you had Private Health Insurance?

Who is financially responsible or your account?

How did you hear about us?

PLEASE COMPLETE OTHER SIDE

MEDICAL HISTORY

Please answer all sections to the best of your ability. All information is kept strictly confidential.

Do you have any current or past medical conditions? Please list below.

Have you had previous surgery? Please list procedure and year.

Have you had any of the following (please tick and list treatment &/or medication

- ☐ Diabetes
- ☐ Heart disease/angina/arrhythmia/stents
- ☐ Asthma/COAD/bronchitis
- ☐ Sleep apnoea
- ☐ Reflux
- ☐ Blood disorders (clotting/bleeding/blood thinners) Stroke/TIA
- ☐ Stomach ulcer
- ☐ Hepatitis/HIV/TB
- ☐ Cancer
- ☐ Psychiatric illness
- ☐ Anaesthetic problems
- ☐ Medication/tape/dyes/contrast allergies
- ☐ Smoker
- ☐ Covid19 vaccination

Please list all medications you currently take:

PATIENT DECLARATION:

- Please be aware that there may be an out-of-pocket fee for services provided and we ask that you please pay in full prior to leaving the consulting rooms today.
- Cancellation Policy: If you are unable to attend your appointment, please give us 24 hours notice or you will be required to pay a cancellation fee of 50%, and any deposits will be forfeit.

Signature Date