# PATIENT REGISTRATION

**MR ADAM SKIDMORE**
**Bariatric and General Surgeon**

| **Patient Details** | | |
|---|---|---|
| Title: | Surname: | Given name: |
| Address: | | |
| Suburb: | | Postcode: |
| DOB: / / | | |
| Mobile: | | Home Phone: |
| Email: | | Work Phone: |
| Medicare Number: | | Ref No: Expiry: |
| Hospital Fund: | | |
| Membership Number: | | Length of membership: |
| Work Cover Claim: Yes ☐ No ☐ | | |
| Pension Card: Yes ☐ No ☐ | | Type: |
| DVA: Yes ☐ No ☐ | | DVA Number: |
| How did you find out about us? | | |
| Internet: ☐ Friend/Family: ☐ GP: ☐ Other: | | |

| **Next of Kin** | | |
|---|---|---|
| Title: | Surname: | Given name: |
| Mobile: | | Relationship: |

| **Medical History** | **Yes** | **No** | | **Yes** | **No** |
|---|---|---|---|---|---|
| Depression | ☐ | ☐ | Arthritis / Joint Pain / Joint Surgery | ☐ | ☐ |
| Diabetes Type I | ☐ | ☐ | Heart Disease | ☐ | ☐ |
| Diabetes Type II | ☐ | ☐ | High Cholesterol | ☐ | ☐ |
| High Blood Pressure | ☐ | ☐ | Reflux or Heartburn | ☐ | ☐ |
| Asthma | ☐ | ☐ | Snoring / Sleep Apnoea | ☐ | ☐ |
| Respiratory / Breathing Problems | ☐ | ☐ | CPAP | ☐ | ☐ |
| Polycystic Ovary Syndrome | ☐ | ☐ | Smoker (past or current) | ☐ | ☐ |
| Other illnesses<br>Please detail:<br>(Use overleaf if needed) | ☐ | ☐ | | | |
| Previous Surgeries<br>Please detail:<br>(Use overleaf if needed) | ☐ | ☐ | | | |

| **Medications** | **Yes** | **No** |
|---|---|---|
| Are you taking any anticoagulation/blood thinning medications ie: Aspirin, Warfarin:<br>If yes, which medication: | ☐ | ☐ |
| Do you take any other medications (including herbal)?<br>If yes, please list dose and frequency:<br>(Use overleaf if needed) | ☐ | ☐ |

| **Allergies** | **Yes** | **No** |
|---|---|---|
| Please include drugs, dressings or food.<br>If Yes, please list type: | ☐ | ☐ |

**Office Use Only:**

| Blood Pressure: | SpO2: | Height: | Weight: |
|---|---|---|---|
| | | | |