

OBSTETRICS,
GYNAECOLOGY
& FERTILITY



Dr Abigail Evans
BSc, Embryologist, MBBS, FRANZCOG

PATIENT INFORMATION SHEET

Reason for attendance: Pregnancy () Gynaecology () Fertility ()

PERSONAL DETAILS

Mrs/Ms/Miss/Mr : Surname:

First name: Middle name:

Date of birth: Occupation:

Street address:.....Post code:.....

Postal address:

Home phone:Mobile:

Email address:

NEXT OF KIN OR NOMINATED PERSON WHO CAN RING ON YOUR BEHALF FOR RESULTS

Full name:

Relationship: Mobile:

MEDICARE DETAILS

Medicare card number: Expiry:Patient number:.....

HEALTH FUND DETAILS

Health fund name: Member number:.....

Year joined:Level of cover: Top () Basic () Extras only ()

Department of Veteran Affairs number:.....

DISCLAIMER

Dr Evans requires you to provide us with your personal details and a full medical history so that she may properly assess, diagnose, treat and be proactive in your health care needs.

I have read and understood the reasons why my information is collected and by submitting this information to Dr Evans, and signing this form I hereby consent to any necessary examinations. I authorise Dr Evans to use my information in accordance with the Health Privacy Act and to disclose my health information to my referring GP, Specialists, allied health practitioners and medical testing institutions who require my medical history to treat the particular condition/s.

I understand my examination may involve a pelvic, vaginal and/or trans-vaginal ultrasound and by signing below I hereby consent to such procedures being performed.

Signed: Date:.....