PROF. ANDREAS OBERMAIR

PATIENT DETAIL INFORMATION

Please complete this form:

FULL NAME:
ADDRESS:
DATE OF BIRTH:
PRIVATE HEALTH INSURANCE : Yes/No
FUND: MEMBERSHIP NO:
MEDICARE NO. :EXPIRY DATE:
POSITION ON CARD
DVA CARD NO.:Pension/HCC
TELEPHONE – (H): (W)
MOBILE:
NEXT OF KIN
REGULAR GP:Phone No
ADDRESS:
REFERRING DOCTOR:
Phone No
ALLERGIES (IF KNOWN):

Anticoagulant Medication History

Patient's Name:	Date of Birth:					

Prior to your surgery, it is extremely important that we are aware of any medication that you may be on the thin out your blood. To help us gather this information, please answer the following questions by putting a \checkmark in the appropriate box. Thankyou

Do you take any of the follo	wing medications?		
Aspirin	You may know it as:		
🗌 Yes 🗌 No	Aspro Clear Cardiprin	DBL Asprin	Cartia
	Astrix	Disprin	Solprin Ecotrin
Warfarin	You may know it as:		
🗌 Yes 🗌 No	Coumadin	Marevan	
Asasantin SR	You may know it as:		
🗌 Yes 🗌 No	Aspirin; Dipyridamole		
Iscover or Plavix	You may know it as:		
🗌 Yes 🗌 No	Clopidogrel hydrogen sulfa	ite	
Persantin or Persantin SR	You may know it as:		
🗌 Yes 🗌 No	Dipyridamole		
Dindevan	You may know it as:		
🗌 Yes 🗌 No	Phenindione		
Ticlid or Ticlopidine Hexal or	You may know it as:		
Tilodene	Ticlopidine hydrochloride		
Any other blood thinning medication	You may know it as:		
🗌 Yes 🗌 No	Fragmin	Clexane	Heparin
	Dalteparin sodiumEnoxapa	rin sodium	
Fish Oil products	You may know it as:		
Yes No	Omega 3		
Herbal Extracts	If Yes please list		
Yes No			

PROF A OBERMAIR - GYNAECOLOGICAL ONCOLOGIST SUITE 5A, ADMINISTRATION BUILDING, GREENSLOPES PRIVATE HOSPITAL NEWDEGATE STREET, GREENSLOPES – PH 07 3847 3033

PRIVACY CONSENT

The provision of quality health care requires a doctor-patient relationship of trust and confidentiality. Consistent with our commitment to quality care this practice has developed a policy to protect patient privacy in compliance with private legislation.

It may be necessary for us to collect personal information from patients and sometimes others associated with their health care in order to attend to their needs and for administrative purposes.

In the interests of the highest quality and continuity of the patient's health care this may also include sharing information with other health care providers who comprise a patient's medical team from time to time.

If you have been diagnosed with cancer or pre-cancer your case may be discussed at a multidisciplinary team meeting with the aim of enhancing the effectiveness and safety of your care. At this meetings histopathological test results as well as your care and treatment is discussed with other health professionals including but not limited to pathologists, specialist nurses, radiotherapists, medical oncologists and specialist trainees.

This practice will also send letters to relevant health care providers detailing the treatment provided. Any person to whom your personal or health information is disclosed is required to keep that information confidential.

Research is regularly carried out by gynaecological oncologists to assist in developing better treatment/cures for diseases. Prof. Obermair is a full member of the Queensland Centre for Gynaecological Cancer, which may store and process data relating to your condition/treatment for research and education purposes (note: this information will be kept anonymous at all times). In addition, Prof. Obermair will use your anonymous data about treatment outcomes in quality assurance programs to self-audit and further improve his surgical performance.

I also do / do not agree that my name and address is forwarded to the Gynaecological Cancer Society so that I can receive relevant information should I be diagnosed with gynaecological cancer.

I have read the above information and give my consent to the above.

Signed

Date:	/	/	
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