

Dr. A.D. Badenoch
 Dr. A.C. Bashford
 Dr. P. Belperio
 Dr. J.O. Cheung
 Dr A.C. Hancock
 Dr. P.S. Lee
 Dr. P. Mamillapalli
 Dr. A.S. Michael
 Dr. G. Murthy
 Dr. L.B. Ong
 Dr. D. Selby
 Dr. M.F. Sinclair
 Dr. L.E. Tayler
 Dr. R.G. van Renen
 Dr M. Wiese
 Dr. N.E. Wylie



wakefield
 ANAESTHETIC GROUP

Inspiring Confidence Respect Loyalty

243 WAKEFIELD STREET

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Website: www.wagsa.com.au

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ANAESTHETIC
Patient Health Questionnaire

Patient Details

Name:
 Name on Medicare Card: Date of birth: / /
 Address: Postcode:
 Home Ph: Mob: Work Ph:
 Email:
 Name of Next of Kin or Guardian: Ph:
 Height: Weight: kg
 I consent to being emailed information regarding my procedure involving medically-related & accounts-related matters.

Procedure Details

Anaesthetist: Date of Surgery: / /
 Surgeon: Hospital:
 Procedure:

Health Insurance Details

WorkCover or Third Party Details

Do you have hospital cover? Yes No Full Extras
 Health Fund:
 Membership No:
 Medicare No:
 Centrelink Concession Card No:
 Full Pension Part Pension Senior's Card
 Dept of Vet Affairs Card No:
 DVA Gold DVA White DVA Other

Employer Name:
 Address:
 Postcode:
 Telephone:
 Claim Number:
 WorkCover Insurer:
 Claims Rep Name:
 Claims Rep Phone No:

Do you authorise us to liaise with another person on your behalf? If so, please advise name, relationship and phone number:

Allergies/Sensitivities – List all drugs, food, etc, and describe your reactions to same

.....

Medications: Please include name, dose, frequency

.....

Have you taken Aspirin, Warfarin, Clopidogrel or other blood thinners in the last 7 days? Yes No

Specialist/Physician care providers (including Cardiologist, Respiratory, etc)

Name:	Name:
Specialty:	Specialty:
Phone No:	Phone No:

Do you consent to us contacting your health care provider(s) in relation to your procedure? Yes No

Previous Operations

List any previous operations including dates and locations:

Have any of your relatives had problems with Anaesthesia? Yes No Don't know

Details of Concerns with Previous Anaesthetic

Date of Previous Procedure: / / Hospital:
Surgeon: Anaesthetist:
Reaction/Concern:
.....

Do you (or have you ever) suffered from:

Heart Problems eg: palpitations, fainting	<input type="radio"/> Yes <input type="radio"/> No	Blood clots or pulmonary embolism	<input type="radio"/> Yes <input type="radio"/> No
High Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No	Unusual, excessive bleeding or bruising	<input type="radio"/> Yes <input type="radio"/> No
Breathing/respiratory difficulties	<input type="radio"/> Yes <input type="radio"/> No	Heartburn, gastric reflux, hiatus hernia?	<input type="radio"/> Yes <input type="radio"/> No
Obstructive Sleep Apnoea	<input type="radio"/> Yes <input type="radio"/> No	Do you have any caps or crowns?	<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Do you have loose or broken teeth?	<input type="radio"/> Yes <input type="radio"/> No
Kidney Disease	<input type="radio"/> Yes <input type="radio"/> No	Neck or jaw stiffness	<input type="radio"/> Yes <input type="radio"/> No
A gastric band or bypass surgery	<input type="radio"/> Yes <input type="radio"/> No	Do you smoke? How many per day If yes, how many per day?	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy, seizures or convulsions	<input type="radio"/> Yes <input type="radio"/> No	
Psychiatric illness	<input type="radio"/> Yes <input type="radio"/> No	Do you drink alcohol? How much?	<input type="radio"/> Yes <input type="radio"/> No
Contact with infectious disease (eg Hepatitis, HIV or AIDS)	<input type="radio"/> Yes <input type="radio"/> No	Females – Are you pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe

If you have answered yes to any of the above questions, please provide further details:

.....
.....

Could you climb 2 flights of stairs without stopping? Yes No

Any additional information/medical conditions or health issues your doctor should be aware of?

.....
.....

I have read and accepted Wakefield Anaesthetic Group's Privacy Policy. I consent to receiving anaesthesia for this procedure. I understand I am financially responsible for payment of any fees not covered by my health fund and Medicare, or other third party, including for any pre-operative consultations prior to the day of surgery.

Name: Signed: Date: / /

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PRIVACY POLICY

Wakefield Anaesthetic Group takes its obligations under the Privacy Act 1988 (Cth) seriously and we are committed to handling your information in accordance with the Privacy Act and in particular the Australian Privacy Principles.

Collection of Your Personal Information

We need to collect your personal and medical information in order to properly assess, diagnose, treat and be proactive in your health care needs. All members of Wakefield Anaesthetic Group may have access to your medical records from time to time.

We hold your information in both electronic and hard copy formats.

We will collect your health information directly from you but we may also collect information about you from a third party, for example from other health service providers, a family member or legal guardian.

Use & Disclosure of Your Personal Information

We will use or disclose your personal information for the purpose of providing health services to you. The multi-disciplinary team approach to health care is common to the Australian health system. Practitioners work together and share necessary information in order to deliver optimum health care.

Your information may be securely disclosed electronically or via Australia Post to your treating Surgeon(s), your health fund, your insurer(s), hospitals, and/or the Department of Veterans' Affairs, as appropriate.

We may also disclose your information to enable recording on medical registers.

When the examination is performed under an insurance claim, your information is disclosed to either your employer or the insurance company concerned for the purpose of invoicing payment. Billing information may also be disclosed to Medicare Australia.

In the circumstances of adverse incidents, your information may need to be disclosed to medical indemnity insurers.

In other situations we would not disclose your personal information without obtaining your consent.

Data Quality & Security

We will endeavour to ensure that all personal information we collect, use or disclose is accurate, complete and up-to date.

To ensure the security of personal information held in this practice, the computer is password protected and only accessible by authorised staff.

If your details change or you believe our records are not up to date and/or accurate please contact us.

Access

You have a right to have access to the health information that we hold in your health record. We will grant access unless the Privacy Act 1988 (Cth) or other relevant law allows us or requires us to refuse such access. We may charge a fee to recover reasonable costs associated with supplying information to you.

Use of Identifiers

We will only use your Medicare number for the purpose of billing for medical services provided. Similarly we would not use or disclose any other government identifying number which you may have given us for any other purposes.

Anonymity

Where lawful and practicable, you have the option of using health services without identifying yourself.

Trans border Data Flows

Your information will not be transferred outside Australia unless that country has a similar privacy regime or only with your consent.

Complaints

If you have any concerns about the way we have handled your personal information then please contact our practice manager. We would prefer that your complaint is made in writing.

It is our intention to resolve any complaint fairly and as quickly as possible. If you are unhappy with the response provided by us, you may refer your complaint to the Office of the Australian Information Commissioner.