

Professor Brian K. Owler

MB BS BSc(Med)(Hons) PhD FRACS

Neurosurgeon

Adult and Paediatric

Suite 312, Q Central
10 Norbrik Drive
Bella Vista NSW 2153
Sydney, Australia

Patient Information Form Confidential

Personal Information

Surname _____	First Names _____	Mr/Mrs/Ms _____	M / F _____
Date of Birth _____	Age _____	Height _____	Weight _____
Address _____	Telephone _____	_____	_____
_____	Postcode _____	Mobile _____	_____
Occupation _____	Email _____	_____	_____

I give permission for my clinical and financial information to be emailed to myself or others at my request. I understand that SPN can only guarantee the security of our own systems and cannot guarantee security of email beyond our systems

Signed _____
Print Name _____

Medicare / Health Fund Information

Medicare Number _____	Expiry __ _____	Ref: _____
Health Fund _____	Membership Number _____	_____
Aged Pension / DSP Pension / Veterans Affairs DVA number: _____		

Next of Kin / Contacts

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Referring Doctor

Name _____	Specialty _____
Address _____	_____
_____	Provider Number _____

General Practitioner (if different to referring doctor)

Name _____	Specialty _____
Address _____	_____
_____	Provider Number _____

Professor Brian K. Owler

MB BS BSc(Med)(Hons) PhD FRACS

Neurosurgeon

Adult and Paediatric

Suite 312, Q Central
10 Norbrik Drive
Bella Vista NSW 2153
Sydney, Australia

Other Relevant Specialists eg Cardiologist

Name _____	Specialty _____
Name _____	Specialty _____
Name _____	Specialty _____

Reason for Referral

Alcohol / Smoking

Are you or have you been a smoker? Yes / No
If yes please state when and how much _____
Do you drink alcohol? Yes / No
If yes please state when and how much _____

Blood Thinners

Do you take Aspirin, Cartia, Disprin/Cardiprin etc	Yes / No
Do you take blood thinning medication eg Warfarin, Persantin, Plavix, Eliquis, Dipyridamole, Ticlopidine etc	Yes / No

Medications

Professor Brian K. Owler

MB BS BSc(Med)(Hons) PhD FRACS

Neurosurgeon

Adult and Paediatric

Suite 312, Q Central
10 Norbrik Drive
Bella Vista NSW 2153
Sydney, Australia

Allergies

Please indicate relevant issues

Heart Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol	Others
	<input type="checkbox"/> Angina	<input type="checkbox"/> Heart Attacks	
	<input type="checkbox"/> Abnormal Heart Beat	<input type="checkbox"/> Heart Failure	
Lung Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	Others
	<input type="checkbox"/> Chest Infections	<input type="checkbox"/> Emphysema	
Gastric	<input type="checkbox"/> Peptic Ulcer	<input type="checkbox"/> Hepatitis	Others
	<input type="checkbox"/> Gall Bladder	<input type="checkbox"/> Liver Failure	
Renal / Kidney	<input type="checkbox"/> Bladder Infections	<input type="checkbox"/> Kidney Infections	Others
	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Kidney Failure	
Neurological	<input type="checkbox"/> Strokes	<input type="checkbox"/> Dizziness	Others
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Foot drop	
Endocrine	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Disease	Others
	<input type="checkbox"/> Osteoporosis		
Malignancy	<input type="checkbox"/> Brain Tumour	<input type="checkbox"/> Lung Cancer	Others
	<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Prostate Cancer	
	<input type="checkbox"/> Bowel Cancer	<input type="checkbox"/> Skin cancer	

Please state other relevant medical history

Professor Brian K. Owler

MB BS BSc(Med)(Hons) PhD FRACS

Neurosurgeon

Adult and Paediatric

Suite 312, Q Central
10 Norbrik Drive
Bella Vista NSW 2153
Sydney, Australia

Major surgical procedures

<hr/> <hr/> <hr/> <hr/> <hr/>

Collection of Information Statement

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assist, diagnose and treat illnesses and be pro-active in your health care. We will also use the information you provide in the following ways:

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice, pathology and imaging services.

I have read the information above and understand the reasons why my information must be collected. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am also aware that this practice has a Privacy Policy which I am entitled to have access to on request. This Policy complies with the Privacy Act 2014 and aligns with the Australian Privacy Principles in relation to storage and access of your clinical and sensitive information.

I understand that if I request access to information about me, the practice will be entitled to charge fees to cover time and administrative costs which may not be covered by a Medicare rebate.

Professor Brian K. Owler

MB BS BSc(Med)(Hons) PhD FRACS

Neurosurgeon

Adult and Paediatric

Suite 312, Q Central
10 Norbrik Drive
Bella Vista NSW 2153
Sydney, Australia

I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Signed: _____ **Date:** _____

On occasion Professor Owler my wish to use images and scans for teaching, demonstration and consultative purposes. These images and/or scans will be de-identified prior to use.

I **do give** permission for Professor Owler to use my de-identified images and/or scans for the purpose outlined above

Signed _____ Date _____

I **do not give** permission for my images and/or scans to be used for the purpose as outlined above

Signed _____ Date _____