25906 Stonnington - 2016 Patient Registration Consent Form MR31v2_3.indd

Level 1, 253 Wattletree Road, Malver Phone: 9508 9509 Fax: 9508 9599	day surgery	Affix Patients Identification Labe	
PATIENT REGIS			
PLEASE PRINT, RETURN TO THE DA	Y SURGERY PRIOR TO ADMISSION	(at least 3 working days).	
Admitting Doctor Surname:		ion Date: / Time:	
Surname: Address:		Postcode:	
		Mobile:	
Sex: Male 📃 Female 🔜 Age:	Date Of Birth:	_// Country Of Birth:	
Aboriginal/Torres Strait Island Descent:	Yes No Religion:	Language Spoken at Home	P O
Marital Status: Currently Married	Never Married Widowed	Divorced Separated Other	
Health Incurance Frinds			
Health Insurance Fund: Medicare No.:		Nembership No.:	
/et Affairs No.:		ver: / Tac Details:	
Jninsured Theatre Fee:			ő
lave you ever been a patient at Stonning			ວັ
lave you been hospitalised in the last 7		//	
If Yes, Hospital:		/ / Date of Discharge: /	
PERSON TO CONTACT IN AN EMERG	ENCY:		
		Relationship to patient:	RA -
O Name:		Relationship to patient:	STRA
• Name: Tel: H:	Tel W:		STRA
Name: Tel: H: Name:	Tel W:	Mobile	STRA
Name: Tel: H: Name: Tel: H:	Tel W: Tel W:	Mobile Relationship to patient: Mobile	GISTRA
Name:	Tel W: Tel W: redure and anaesthesia (including mi r	Mobile Relationship to patient: Mobile nors)	T REGISTRA
Name: Tel: H: Name: Tel: H: CONSENT for surgical operation / proc	Tel W: Tel W:	Mobile Relationship to patient: Mobile nors)	
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 Name:	Tel W: Tel W: vedure and anaesthesia (including mi i	Mobile Relationship to patient: Mobile nors)	
Name: Tel: H: Name: Tel: H: CONSENT for surgical operation / prod being performed on (myself/my child - who has explained the nature, effect and	Tel W: Tel W: redure and anaesthesia (including min aname) d risks of the proposed treatment to me	Mobile	BATIENT REGISTRA
Name: Tel: H: Name: Tel: H: CONSENT for surgical operation / prod being performed on (myself/my child - who has explained the nature, effect and l also request and consent to the adminis this operation/procedure. l understand that other unexpected opera l also understand that complications may understand that should I require admiss Following surgery I will be escorted hom alertness may persist for up to 24 hours concentration or judgement during that p	Tel W:	Mobile	eviations)
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Name:	Tel W:	Mobile Relationship to patient: Mobile hereby consent to (Details of procedure - no abbre by <i>(Doctor's name - print)</i> by <i>(Doctor's name - print)</i> by cod transfusion or other forms of treatment normally associand that I request that these be carried out if required. and I accept the possible risks associated with this procedu be responsible for the cost incurred. de arrangements for this. I understand that impairment of ing decisions or taking part in activities which depend upo nts such as Hepatitus B, Hepatitus C and HIV in the event of r.	eviations) eviated with ure. mental n full of its
Name: Tel: H: Name: Tel: H: CONSENT for surgical operation / prod being performed on (myself/my child - who has explained the nature, effect and l also request and consent to the administ this operation/procedure. l understand that other unexpected operal l also understand that complications may l understand that should I require admiss Following surgery I will be escorted hom alertness may persist for up to 24 hours concentration or judgement during that p l understand that the sample of blood ma exposure to another person: for example l have read and understand the Privacy Dated this	Tel W:	Mobile Mobile Mobile Mobile 	eviations)