



MEDALLIANCE

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Dr Jennifer Law (Cardiologist)
Dr. Lindsay Chow (Gastroenterologist)
Dr. Justin Jackson (Infectious Disease)
Dr. Chris Medley (Cardiologist)
Dr. Michael Kelly (Upper GI Surgery)
A/Prof. T. McKenzie and associates (Riverina Respiratory & Sleep Centre)

PATIENT DETAIL FORM

Title: _____ Date of Birth: _____
First Name: _____ Home Phone: _____
Surname: _____ Work Phone: _____
Street Address: _____ Mobile Phone: _____
Suburb: _____ email: _____
State: _____ Postcode: _____ Do you wish to receive SMS Reminders? Y N

HEALTH BENEFITS

Medicare No.: _____ Ref No.: _____ Expiry Date: _____
Private Hospital Cover: _____ Ref No.: _____ Membership No.: _____
DVA Card No.: _____ Colour: _____ DVA Disability: _____
Pension No: _____ Expiry Date: _____
Health Care Card No.: _____ Expiry Date: _____

MEDICAL AND EMERGENCY CONTACT

Usual GP: _____ GP Clinic: _____
Emergency Contact: _____ Relationship: _____
Phone: _____ Mobile Phone: _____

WORKERS COMPENSATION - Is this visit in relation to a workers compensation claim? Y N

HAVE YOU HAD ANY OF THE FOLLOWING TESTS DONE RECENTLY WHICH RELATE TO YOUR VISIT TODAY:

Colonoscopy/Gastroscopy/Angiogram Where: _____ Date: _____
 Blood Tests Where: _____ Date: _____
 U/S + CT + XRAY Where: _____ Date: _____
 Stress Test /Echo Where: _____ Date: _____
 ECG Where: _____ Date: _____
 Hospital Visits Where: _____ Date: _____

ALLERGIES - Do you have any allergies? Y N

List: _____

Please see information in the waiting room or on our website www.medalliance.com.au regarding our Privacy Policy, Collection of Information, SMS Policy and Financial Responsibility. If you would like a copy of this to take with you, please ask staff at front desk.

Signature: _____

Date: _____