

Sydney Prostate Cancer Centre

Level 1, St George Medical Centre
 1 South Street
 Kogarah NSW 2217
 Ph: 9587 4888 Fax 9587 4899

PATIENT INFORMATION SHEET

PLEASE PRINT ALL RELEVANT INFORMATION

TITLE	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Master <input type="checkbox"/>	Dr <input type="checkbox"/>
PATIENT'S DETAILS:						
<i>Surname</i>		<i>First Name</i>		<i>Second Name</i>		
ADDRESS:						
<i>Street</i>		<i>Suburb</i>		<i>State</i>		<i>Post Code</i>
TELEPHONE <i>Home:</i>		<i>Business:</i>		<i>Mobile:</i>		
<i>Date of Birth</i>	<i>Marital Status</i>	<i>Next of Kin</i>	<i>Relationship to Patient</i>	<i>Contact Number</i>		
Private Health Fund		Membership No				
Medicare No _____ () ↵		Position on card		Expiry date		
Pension No		Expiry date				
Veterans Affairs No		Drivers Licence				
Family Doctor		Phone No				
Address		Postcode				
Referring Doctor		Phone No				
Address		Postcode				
Occupation		Workers Compensation		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Phone No				
Address		Suburb		Postcode		
Do you suffer from any of the following?						
Drug Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type			
High Blood Pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Heart Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Lung Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you had any previous Operations?		<i>Please list</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please list Current Medications						

To protect your privacy this Practice operates strictly in accord with the Privacy Amendment Act 2000.

PLEASE COMPLETE THE PROSTATE SYMPTOM SCORE SHEET