



## NEW PATIENT REGISTRATION

Welcome to our practice and thank you for choosing to see us.

Please complete the following information which will be kept strictly confidential according to our Privacy & Confidentiality Policy.

Title	First Name	
Surname		
Preferred Name	Date of Birth	
Ethnicity/Country	Email Address	
Address		
Suburb	Postcode	
Mobile Number	Phone Number (work)	
Do you agree to receive SMS for appointment reminders		YES / NO
Medicare Number	Position on card	Expiry
Pension / Health Care	Card Number	
Private Health / Fund Name	Member No.	
Referring Doctor	Usual GP / Suburb	
Occupation	Marital Status	
Partners Name	Partner Date of Birth	
Partner's Medicare No (fertility patients only)	Expiry	
Partner's Occupation		
Next Of Kin Name	Phone	
Emergency Contact / Name	Phone	
Emergency Contact Relationship		

**PERSONAL MEDICAL INFORMATION**

Past Surgery / Operations	Year

**MEDICAL CONDITIONS**

		Details if applicable
Asthma	YES / NO	
Diabetes	YES / NO	
Epilepsy	YES / NO	
Blood Pressure	YES / NO	
Heart Problems	YES / NO	
Bleeding Disorders	YES / NO	
Cancers	YES / NO	
Gut disorders eg reflux	YES / NO	
Mental Health Problems	YES / NO	
Do you have a lap band?	YES / NO	

How did you hear about us?	Word of Mouth	Website	GP / Referrer	TV	Radio	Other
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FAMILY HISTORY		Details if applicable
Congenital abnormalities	YES / NO	
Cancers	YES / NO	
Inherited disorders	YES / NO	
Blood Pressure	YES / NO	
Heart Problems	YES / NO	
Bleeding disorders	YES / NO	
Other	YES / NO	
Family History Unknown	YES	

PRESCRIPTION MEDICATIONS	Over-the-counter/ Natural remedies

ALLERGIES

OTHER
Pap Smear / CST up to date? YES / NO
Previous treatment for abnormal smears? YES / NO

## PATIENT PRIVACY IN OUR PRACTICE

We value the doctor-patient relationship. Patient privacy is vital to such a relationship. The Privacy Act 1988 and its recent amendments formalise the already existing and acknowledged privacy obligations of our practice.

Our doctors and staff collect information from patients primarily to provide proper care and treatment. We have a legal and ethical duty to protect patient information. Patient information may have to be disclosed to other doctors, nurses, therapists, and medical technicians so that health care is not compromised.

The doctor in this practice is a member of various medical and professional bodies including the medical defence organisation. These organisations provide valuable services to their members. They require their members to provide information in relation to their medical practice, which may include patient information.

Patients who wish to look at their information held by this practice or who have other queries about privacy of information are welcome to discuss these matters with the treating doctor.

### PATIENT CONSENT

I consent for personal information to be shared with other professional individuals or companies with whom Ritu Rana Medical Pty Ltd deem appropriate to be privileged to such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PELVIC ULTRASOUND PATIENT INFORMATION

### What is Ultrasound?

Ultrasound uses sound waves to produce images. The sound waves are transmitted into your body from a small handpiece that is called an ultrasound probe. Some of these waves are reflected and are processed by the ultrasound machine to form pictures that are shown on a TV screen and recorded.

### Is Ultrasound Safe?

Ultrasound has been around for about 60 years now and numerous studies on patients and children, who had been examined before birth, have shown that it is a safe technique with no harmful side effects.

### The trans-vaginal ultrasound procedure

The standard technique for looking at the female pelvis, especially before and during IVF or other fertility treatment cycles is by performing an internal trans-vaginal scan. The procedure will only take about 2 minutes. With your consent, asked to remove the bottom half of your clothing and lie down on a couch with a sheet covering you. You will be treated with dignity and your privacy always protected. The Doctor or Nurse will explain in detail what is involved and why it is important to have this scan done this way and how it gives clearer images. The examination will be performed by a Doctor.

This procedure involves a sterilised probe with some gel-like lubricant covered by a protective sheath being inserted into the vagina and manipulated very gently to show the anatomy of the pelvis. This probe is usually inserted by the examiner. This allows transmission of the sound waves into your body to allow a close look at your pelvic organs such as the uterus and the ovaries.

**Results**

Your scan will be read by the treating clinician and the results discussed with you. The Clinician will use this information to determine the next stage of your treatment.

**SHARING OF INFORMATION CONSENT**

Ritu Rana Medical will regularly send emails with attached documents (such as certificates, letters, appointment details, care, and treatment requests/request forms, procedural information, and quotes) that have not been encrypted with a password. Do you consent to Ritu Rana Medical sending an email with attached documents to your nominated email, GP practice, and any corresponding treating doctors? **YES / NO**

Ritu Rana Medical will regularly send sms to your nominated mobile number. Information may include appointment reminders, urgent messages or unanswered calls messages. Do you consent to Ritu Rana Medical smsing you details regarding appointments and information regarding care and treatment? **YES / NO**

**PATIENT FULL NAME:**

**DOB:**

**PATIENT SIGNATURE:**

**DATE:**

Thankyou