## **Dr Margaret Leach - Gastroenterologist**

Suite 4304, Level 3, Dee Why Grand, 834 Pittwater Rd, Dee Why NSW 2099
P: 02 9972 4660 <u>admin@drmargaretleach.com.au</u> F: 02 9972 4661
W: <u>www.drmargaretleach.com.au</u>

Please complete and <u>sign</u>, **attach your referral and any relevant blood tests/scans** and return via email/mail.

| lave you seen Dr Leach   | before? No |             | Yes |                 | Year?      |          |  |
|--|------------|-------------|-----|-----------------|------------|----------|--|
| Surname  |            |             |     | Given Name      |            |          |  |
| Date of Birth  |            |             |     | Weight (kg)     | Height (cm | )        |  |
| Address  |            |             |     |                 | '          |          |  |
| Suburb   |            |             |     | Post Code       |            |          |  |
| Mobile   |            |             |     | Home            |            |          |  |
| Email  |            |             |     | Occupation      |            |          |  |
| Relationship Status  | Single     | Married     | d   | De Facto        | Widowed    | Divorced |  |
| Emergency Contact<br>& Phone Number                                    |            |             |     | Relationship to |            |          |  |
| Medicare Number  |            |             |     |                 | -          |          |  |
| Ref. No  |            |             |     | M/C expiry date | !          |          |  |
| Private Health Fund  |            |             |     | Membership No   | )          |          |  |
| DVA No   |            |             |     | DVA Class       |            |          |  |
| Usual GP   |            |             |     | Telephone       |            |          |  |
| Practice Address   | -1         |             |     |                 | ľ          |          |  |
| Suburb   |            |             |     | Post Code       |            |          |  |
| Referring Doctor   |            |             |     | Telephone       |            |          |  |
| Are you taking Warfarin?   |            |             |     | Yes No          |            |          |  |
| Reason for referral  |            |             |     |                 |            |          |  |
| Do you require a consultat   | tion Yes   |             | No  |                 | Unsure     |          |  |
| Do you require a consultation Yes  Do you require a procedure Yes only |            |             | No  |                 | Unsure     |          |  |
| If procedure – which one? Gastroscopy                                  |            | Colonoscopy |     | Both            |            |          |  |

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## Have you had or do you currently have any of the following?

| Diabetes Yes Type No  Heart Attack Yes No  Pacemaker Yes No  Heart Murmur Yes No  Irregular Heart Beat Yes No  Clotting Disorder Yes No  Are you on any blood thinners? Yes No  Do you smoke Yes How many No  How much alcohol do you drink weekly? (togms=1 middi beer,1 mip,100ml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19? Have you had Covid (date of diagnosis)  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)                  | Family history of colorectal cancer                            | Yes         | No                      | Age of relative when    | n diagnosed and relationship to   |  |
|---|--|-------------|-------------------------|-------------------------|-----------------------------------|--|
| Heart Attack  Pacemaker  Yes  No  Heart Murmur  Yes  No  Irregular Heart Beat  Yes  No  Clotting Disorder  Yes  No  Are you on any blood thinners?  Yes  No  Do you smoke  Yes  How many  No  How much alcohol do you drink weekly? (1ogms=1 middi beer;1 nip,100ml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Po you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins) |  |             |                         | you                     |                                   |  |
| Pacemaker  Yes No  Heart Murmur  Yes No  Irregular Heart Beat  Yes No  Clotting Disorder  Yes No  Are you on any blood thinners?  Yes No  Do you smoke  Yes How many  No  How much alcohol do you drink weekly? (1ogms=1 middi beer,1 nip,10oml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)   | Diabetes   | Yes         | Туре                    |                         | No                                |  |
| Heart Murmur  Yes No  Irregular Heart Beat  Yes No  Clotting Disorder  Yes No  Are you on any blood thinners?  Yes No  Do you smoke  Yes How many  No  How much alcohol do you drink weekly? (10gms=1 middi beer,1 nip,100ml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Heart Attack   | Yes         |                         |                         | No                                |  |
| Irregular Heart Beat  Yes No  Clotting Disorder  Are you on any blood thinners?  Yes No  Do you smoke  How many  No  How many  No  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Pacemaker  | Yes         |                         |                         | No                                |  |
| Clotting Disorder  Are you on any blood thinners?  Yes  No  Do you smoke  Yes  How many  No  How many  No  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Heart Murmur   | Yes         |                         |                         | No                                |  |
| Are you on any blood thinners?  Pease list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  No  No  No  No  No  No  No  No  No  N   | Irregular Heart Beat   | Yes         |                         |                         | No                                |  |
| Do you smoke  Yes How many  No  How much alcohol do you drink weekly? (10gms=1 middi beer,1 nip,100ml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)   | Clotting Disorder  | Yes         |                         |                         | No                                |  |
| How much alcohol do you drink weekly? (10gms=1 middi beer,1 nip,100ml wine)  Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Are you on any blood thinners?                                 | Yes         |                         |                         | No                                |  |
| (10gms=1 middi beer,1 nip,100ml wine) Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)   | Do you smoke   | Yes         | How n                   | any                     | No                                |  |
| Any other surgery/medical conditions/cardiac history?  Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  |  |             |                         |                         |                                   |  |
| Please list any other medical specialists you see:  Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)   | , 1,   |             |                         |                         |                                   |  |
| Do you have any allergies- what reaction?  Have you been vaccinated against Covid-19?  Have you had Covid (date of diagnosis)  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)   |  |             |                         |                         |                                   |  |
| Have you been vaccinated against Covid-19?  Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Please list any other medical specialists you see              | :           |                         |                         |                                   |  |
| Do you have any special needs?  Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Do you have any allergies- what reaction?                      |             |                         |                         |                                   |  |
| Do you have any family history of gastrointestinal disease?  Please list ALL medication & dosage you are currently taking (incl. supplements/vitamins)  | Have you been vaccinated against Covid-19?                     |             | Have you had Covid (dat |                         | of diagnosis)                     |  |
| Please list <u>ALL</u> medication & <u>dosage</u> you are currently taking (incl. supplements/vitamins)   | Do you have any special needs?                                 |             |                         |                         |                                   |  |
|   | Do you have any family history of gastrointestin               | al disease  | ?                       |                         |                                   |  |
|   | Please list <u>ALL</u> medication & <u>dosage</u> you are curr | rently taki | ing (incl.              | supplements/vitamins    | )                                 |  |
|   |  |             |                         |                         |                                   |  |
|   |  |             |                         |                         |                                   |  |
|   |  |             |                         |                         |                                   |  |
| NOW, CLUMPOPMATRONAL III II I   |  |             |                         |                         |                                   |  |
| DIVI CIVINGO MATRONIA II I I I I I I I I I I I I I I I I I  |  |             |                         |                         |                                   |  |
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PRIVACY INFORMATION We collect information from you so we can assess, diagnose + treat your illnesses + be proactive in your health care. We will also use the information you provide in the following ways:-Administration of this Medical Practice; Billing, including compliance with Medicare requirements; Disclosure to others involved in your health care, including Drs and Specialists outside this practice who may become involved in treating you (i.e. referral to Drs, tests and in quality studies). 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 about which I notify this practice now or any future time. I acknowledge that I have read this form before signing it and that a member of the staff of this practice has at my request clarified any aspects of it that I did not understand.

<u>FINANCIAL INFORMATION</u> I also accept financial responsibility for payment of Dr Leach's services and I have read her fee information below. Dr Leach's Consultation Fees: 1<sup>st</sup> Visit/New Referral \$400 or complex 1<sup>st</sup> visit \$500. Follow up visit \$180 or complex \$210.00. Telehealth review consultation only item 91824 \$120. Patients on a disability pension will be bulk billed.

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