Dr Margaret Leach - Gastroenterologist

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

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

Have 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 ◯	De Facto ◯	Widowed ◯	Divorced ◯
Emergency Contact & Phone Number			Relationship to you		
Medicare Number					
Ref. No			M/C expiry date		
Private Health Fund			Membership No		
DVA No			DVA Class		

Usual GP		Telephone	
Practice Address			
Suburb		Post Code	
Referring Doctor		Telephone	
Are you taking Warfarin?		Yes ◯	No ◯

Reason for referral			
Do you require a consultation	Yes ◯	No ◯	Unsure ◯
Do you require a procedure only	Yes ◯	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?

Family history of colorectal cancer	Yes ◯	No ◯	Age of relative when diagnosed and relationship to you
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? (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)

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.

FINANCIAL INFORMATION 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: 1st Visit/New Referral $400 or complex 1st 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.

Signed……Date…….