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 | Height (cm) | | |
| Address | | | | | ' | | | |
| Suburb | | | | Post Code | | | | |
| Mobile | | | | Home | | | | |
| Email | | | | Occupation | | | | |
| Relationship Status | Single | Married | d | De Facto | Widowed | Divorced | | |
| Emergency Contact & 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 procedure only | | No | | | Unsure | | | |
| If procedure – which one? | Gastrosco | ору | Colonos | opy Both | | | | |

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

| | | No | you | e when diagnosed and relationship to |
|--|---------------|----------|---------------|--------------------------------------|
| iabetes | Yes | Туре | you | No |
| eart Attack | Yes | | | No |
| acemaker | Yes | Yes | | No |
| eart Murmur | Yes | | | No |
| regular Heart Beat | Yes | | | No |
| lotting Disorder | Yes | | | No |
| re you on any blood thinners? | Yes | Yes | | No |
| o you smoke | Yes | Hov | v many? | No |
| o you vape | Yes | Hov | v much? | No |
| ow much alcohol do you drink weekly? ogms=1 middi beer,1 nip,100ml wine) ny other surgery/medical conditions/cardiac | history? | | | |
| lease list any other medical specialists you see | e: | | | |
| o you have any allergies- what reaction? | | | | |
| o you have any special needs? | | | | |
| o you have any family history of gastrointesti | nal disease? | | | |
| ase list <u>ALL</u> medication & <u>dosage</u> you are cu | rrently takir | g (incl. | supplements/v | itamins) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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: 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.

| Signer | 1 | late | | |
|--------|---|------|---------------|-------|
| Digite | 4 | acc | • • • • • • • | • • • |