SWAN UROLOGY
INTEGRITY PRECISION UNDERSTANDING

Patient Information Form & Consent

Given name(s): _____ Surname: _____

Date of Birth: _____/_____/_____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address *(if different from street address):* _____

Contact Numbers: (Home) _____ (Mobile) _____

Email Address: _____

I give consent for the practice and doctor to communicate with me by e-mail including attachment of letters and results ☐ ☐ YES / NO

I give consent for the practice and doctor to communicate with me by SMS ☐ ☐ YES / NO

Occupation: _____ Marital Status: _____

Medicare Number: _____ Ref: _____ Expiry: _____

Pensioner Number: _____ Expiry: _____

DVA (Vet Affairs) Number: _____ Gold ☐ White ☐

Private Health Fund: _____ Membership Number: _____

Do you have hospital cover with your private health insurance? Yes ☐ / No ☐

Usual GP *(if different from the referring Doctor):* _____

Medical Centre/Practice Name: _____

Emergency/NOK Contact Details:

Name: _____ Contact Number: _____

Email Address: _____ Relationship: _____

Please turn over…

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Patient Consent & Privacy Act

The Privacy Act of 1988 requires medical practitioners to obtain patient consent to collect, use and disclose their personal information. The practice staff and medical practitioners may participate in the collection of information required to treat and advise you.

This includes: *Full medical history, family medical history, ethnicity, genetic information, contact details; Medicare/private health fund, billing and account details, information obtained from other sources, for example,*
(1) Other doctors (current or former), allied health professionals, dentists, hospitals and day surgery units, or
(2) Relatives or other sources, in emergency situations where we cannot obtain your prior express consent.

Disclosure and use:

With your consent, the information is used and disclosed for:

(1) Referral to other medical practitioners, health care providers or hospital for treatment options, sending of specimens for analysis, practice management, audit, quality assurance, accreditation, complaint handling, account keeping, billing

(2) To meet our obligations of notification to our medical defence organisations or insurers, to prevent or lessen a serious threat to an individual's life, health or safety and where legally required to do so, for example, producing records to court, mandatory reporting of child abuse or notification of diagnosis of certain communicable diseases

Financial Consent:

Swan Urology operates as a private billing practice. All consultation invoices are to be paid on day of appointment and can be sent to Medicare for rebates. At the doctor's discretion, fees may be reduced if you are a pension card holder.

Consultation Fees:
Initial / Long Consultation (MBS Item 104):
Cost: $275.00 Medicare rebate: $80.85
Review Consultation (MBS item 105):
Cost: $110.00 Medicare Rebate $40.65

Operation Outcome Disclosure:

As part of continuing professional development, a surgeon is responsible for analysing operation outcomes and presenting these results for peer review. Relevant medical information collected for all patients may be used in this audit. The surgeon is bound by strict ethical regulations to de-identify the information so that it cannot be traced to an individual patient. Please discuss this with your surgeon if you have concerns or do not wish to participate in this process.

CONSENT

- I provide my consent for Dr Ooi to collect, use and disclose my personal information as outlined above.
- I understand that I am entitled to access my own health records except where access would be denied as outlined above.
- I authorise the disclosure of all past and present protected health information requested by Dr Ooi from health care professionals, hospitals or organisations.
- I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).
- I am responsible for full payment of account fees, on the day of the consultation.
- I provide my consent for Dr Ooi to perform a flow test and bladder ultrasound during the consult.

Patient Name: _____

Signature: _____

Date: ____/____/____

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HEALTH INFORMATION QUESTIONNAIRE

FULL NAME: _____ DATE OF BIRTH: ____/____/_____

PREVIOUS/CURRENT OCCUPATION(S): _____

EXPOSURE TO RADIATION, PESTICIDES, DYES, HEAVY METALS, PETROLEUM? YES ☐ NO ☐

FAMILY HISTORY OF CANCER: _____

CARDIOVASCULAR	
Heart disease	
Bypass surgery	
Heart valve	
Pacemaker or defibrillator	
Cardiac stent	
High cholesterol	
Hypertension	
Stroke	
TIA (mini-stroke)	
Peripheral vascular disease	
RESPIRATORY	
Emphysema/COPD	
Sleep apnoea	
CPAP machine	
Asthma	
DIABETES MELLITUS	
Diet controlled	
Tablets	
Insulin	
KIDNEYS	
Chronic kidney disease	
Dialysis	
Kidney transplant	
Kidney stones	
Solitary kidney	
Kidney surgery	

OTHER	
Epilepsy	
Glaucoma	
Frequent falls	
Incontinence surgery	
Prolapse surgery	
Cervical or womb cancer	
Bowel cancer	
Radiation therapy	
Gall bladder surgery	
Appendicectomy	
Dementia	
HIV/AIDS or hepatitis B,C	
SMOKING	
Age when started	
Age when stopped	
Packs smoked/day	
ALLERGIES	
None	
Antibiotics	
Plasters/latex	
Other	
SOCIAL	
Travel to remote Asia	
Travel to Africa	

MEDICATIONS (especially chemotherapy, immune suppressing drugs, blood-thinning drugs such as aspirin, clopidogrel, plavix, warfarin, non-steroidal anti-inflammatory drugs, prednisolone, steroids, insulin)

_____

_____

VOIDING ASSESSMENT MALE

	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	☐	☐	☐	☐	☐	☐
Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	☐	☐	☐	☐	☐	☐
Over the past month, how often have you found you stopped and started again several times while urinating?	☐	☐	☐	☐	☐	☐
Over the past month, how often have you found it difficult to postpone urination?	☐	☐	☐	☐	☐	☐
Over the past month, how often have you had a weak urinary stream?	☐	☐	☐	☐	☐	☐
Over the past month, how often have you had to push or strain to begin urination?	☐	☐	☐	☐	☐	☐
Over the past month, how many times did you typically get up to urinate <u>in one</u> <u>night</u> from the time you went to bed until the time you got up in the morning?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 or more ☐
On average, how many glasses of fluid do you drink a day?	More than 8 ☐	7-8 ☐	5-6 ☐	3-4 ☐	1-2 ☐	None ☐
On average, how many cups of coffee or tea do you drink a day?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 or more ☐
On average how many standard drinks of alcohol do you drink a day?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 or more ☐
How often do you usually urinate during the day?	Every 4 hours or more ☐	Every 3-4 Hours ☐	Every 2-3 Hours ☐	Every 1-2 Hours ☐	At least once an hour ☐	
Once you get the urge or desire to urinate, how long can you usually postpone it comfortably?	More than 60 minutes ☐	About 30-60 Minutes ☐	About 10-30 Minutes ☐	Less than 10 minutes ☐	Must go straight away ☐	
How often do you get a sudden urge or desire to urinate that makes you want to stop what you are doing and rush to the bathroom?	Never ☐	Rarely ☐	A few times a month ☐	A few times a week ☐	At least once a day ☐	
How often do you get a sudden urge or desire to urinate but you do not get there in time? (leak urine or wet pads)	Never ☐	Rarely ☐	A few times a month ☐	A few times a week ☐	At least once a day ☐	
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that	Delighted ☐	Pleased ☐	Mostly satisfied ☐	Mixed ☐	Unhappy ☐	Terrible ☐

Have you ever seen blood in your urine? Yes ☐ No ☐

Have you ever had a urinary tract infection? Yes ☐ No ☐