

HAND AND UPPER LIMB SURGEON

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PATIENT REGISTRATION

Today's Date: ...../...../.....

Title Dr / Mr / Mrs / Miss / Ms (please circle)

Patient First name (s) ..... Surname .....

Address .....  
.....

Date of birth ..... / ..... / ..... Occupation .....

Home phone ..... Work .....

Mobile ..... Email .....

Person responsible if the patient is a minor .....

Medicare No ..... Ref (No. next to your name) ..... Exp ..... / .....

Private Health Insurance Fund ..... Member No .....

DVA No ..... Gold Card / White Card (please circle)

For White card holders, please specify condition covered: .....

Pension No ..... Expiry .....

Family Doctor's Name & Address .....  
.....  
.....

*I authorise Dr Frederiksen to discuss my medical condition with the person named below in the event of an emergency or if Dr Frederiksen cannot contact me directly –*

Contact in case of emergency .....

Relationship ..... Phone .....

Is this a WorkCover Claim? YES / NO (please circle)

Employer ..... Insurance Company Name: .....

Claim No ..... Date of injury ..... / ..... / .....

## MEDICAL HISTORY

What is the reason for today's appointment? .....

.....

How long have you had the symptoms of this condition? .....

Do you have any current health problems? YES / NO

Please list .....

.....

Have you suffered from any serious illness in the past? YES / NO

Please list .....

.....

Please indicate (circle) if you have a history of the following:

High blood pressure

Heart problems

Lung problems

Bleeding tendency

Epilepsy

Rheumatic fever

Blood disease

Hepatitis

Diabetes

Kidney disease

Blood clots

Gastro-intestinal disorder

What operations have you had in the past? .....

.....

Are you pregnant? YES / NO

List all your current medications (**diabetics please specify medication/dosage/time taken**)

.....

.....

Please list any allergies that you have .....

Do you have a **Latex** allergy? YES / NO

If yes, what reaction does this cause? .....

Do you smoke? YES / NO

If so, how much do you smoke per day? ..... How long for? .....

Alcohol intake ..... standard drinks **per day**

Have you been tested for HIV or Hepatitis C antigen? YES / NO

If so, was the result: Positive / Negative