

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

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	
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?	
Do you vape	Yes	How much?	
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?			
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.....