



Colorectal Surgeons Newcastle

Dr Anil Koshy

Laparoscopic Colorectal & General Surgeon

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This practice collects information from you for the primary purpose of providing quality health care and for billing purposes. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs.

Title..... First Name..... Surname

DOB.....

Approximate Height..... Approximate weight.....

Do you consent to the **anonymous** use of your information for colorectal studies? Yes No

Medicare Number _ _ _ _ _ Reference Number (before name) _ Expiry...../20.....

Address Postcode

Home Phone Office Phone..... Mobile.....

Email contact (sometimes used to send information and results)

Health Insurance Fund..... Membership Number.....

Dept Veteran Affairs number..... Colour of card.....

Next of Kin Relationship to you

NOK home phone Business Phone..... NOK mobile

Usual GP

GP address (if known) or suburb.....

I consent to the handling of my information by this practice for medical and billing purposes only, and I give this practice permission to contact my GP regarding my condition.

I am also aware that if there is any pathology taken at the time of my procedure I may incur a pathology bill as Hunter Histo are a **GAP** provider and NIB are not covering the full cost with Douglas Hanly Moir pathology.

Signed..... Date:.....