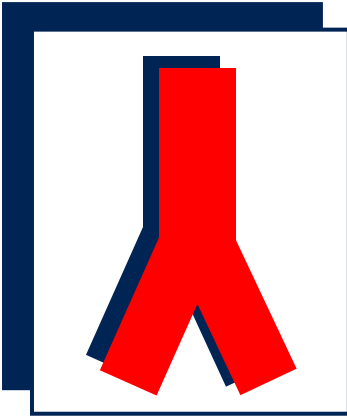


# Will Butcher – Vascular Surgery

## Patient Data Collection



It would be helpful if you could fill in this form as accurately as possible before your appointment with Dr Butcher. It will help to save time on the day.

It is important that you know that we keep a Medical record at the practice which contains this and other Medical information about you. This is to facilitate continuity of your care. This information is kept in a secure environment to protect your privacy. At times this information will be shared with other healthcare providers where this is your interests

Full Name:

Date of Birth:

Home Address:

Contact Telephone Numbers:  
(Underline the best)

Medicare Number:  
(10 digits)

Number on card

Private Health Fund:

(If no health fund write N/A)

Health Fund Number :

If you have DVA – enter the number here:

Who is your normal GP:

(Also write the practice name)

Do you see other specialists:

If so, Who?

Next of kin and  
contact Number:

Do you have a living will or Advance Healthcare Directive:  
If so, we need a copy of this please

