

Patient registration form

Please complete every section in BLOCK LETTERS with a black or blue pen. Fields marked * are required.

Return the completed form by email to admin@colonoscopybrisbane.com.au, or bring it with you to your appointment.

Prefer to do this online? It is faster and your details reach our team straight away: hello.colonoscopybrisbane.com.au

1 Your details

First name *

Middle name

Last name *

Preferred name what we should call you

Date of birth * DD / MM / YYYY

Pronouns ☐ She / her ☐ He / him ☐ They / them ☐ Prefer not to say

Other

Sex (as on Medicare) ☐ Female ☐ Male ☐ Other / prefer not to say

Best contact number (mobile) *

Email *

Street address *

Address line 2

Suburb *

State

Postcode *

Do you need an interpreter? ☐ Yes ☐ No

If yes - which language?

Current / previous occupation

Reason for your visit (tick all that apply)

- ☐ Bowel cancer screening (no symptoms) ☐ Positive FOBT / bowel screen result ☐ Rectal bleeding
☐ Change in bowel habit ☐ Abdominal pain ☐ Iron deficiency / anaemia
☐ Family history of bowel cancer ☐ Surveillance after previous polyps
☐ Reflux / upper-gut symptoms (gastroscopy) ☐ Other

2 Emergency contact & doctor

Emergency contact name**Contact number****Relation to you** e.g. spouse, parent, adult child**Referring doctor** the doctor who referred you, if any**Usual GP name****GP practice****Do you have a GP referral? *** ☐ Yes, I have one ☐ Not yet

You can email your referral to us, or your GP can send it directly - we will prompt you once your registration is received.

3 Medicare & insurance

Do you hold a valid Australian Medicare card? * ☐ Yes ☐ No**Medicare card number** 10 digits**IRN** beside your name**Card expiry** MM / YYYY

No Medicare card? No problem - you can still register. Our team will contact you about self-funded or overseas-visitor options before booking.

Do you have a DVA (Veterans' Affairs) card? * ☐ Yes ☐ No**If yes - card colour** ☐ Gold ☐ White ☐ Orange **DVA file number** _____**Are you under 18? *** ☐ Yes ☐ No**If under 18 - parent / guardian full legal name****Guardian date of birth** DD / MM / YYYY**Guardian Medicare number****Guardian IRN****Do you have private hospital health insurance? *** ☐ Yes ☐ No**Health fund****Membership number****Ref** if shown**Hospital cover level** ☐ Basic ☐ Bronze ☐ Silver ☐ Gold ☐ Not sure**Have you held private health insurance for more than 12 months? *** ☐ Yes ☐ No

We are a no-gap provider for insured patients with most major funds - we will confirm your cover before anything is booked.

Is this a WorkCover or third-party claim? * ☐ Yes ☐ No

If yes - claim / case number

Case manager (name + phone)

4 Medical history

This helps us plan your sedation and procedure safely.

Relevant conditions (tick all that apply)

- ☐ Cardiac / heart condition ☐ Diabetes ☐ High blood pressure ☐ Lung / respiratory disease
☐ Kidney disease ☐ Liver disease ☐ Thyroid / endocrine condition ☐ Stroke ☐ Bleeding disorder
☐ Other

Condition details (anything you would like us to know)
Do you have diabetes? ☐ Yes ☐ No**If yes - how is it managed? (diet / tablets / insulin)****Do you take a GLP-1 medication (e.g. Ozempic, Wegovy, Mounjaro, Saxenda)?** ☐ Yes ☐ No**Do you take a blood thinner (e.g. warfarin, apixaban, clopidogrel)?** ☐ Yes ☐ No**Which one(s)?****Do you have any allergies or adverse reactions? *** ☐ Yes ☐ No known allergies**If yes - list each one**

Allergen / medication	Reaction (e.g. rash, swelling)

Do you smoke tobacco or vape? ☐ Yes ☐ No ☐ Ex-smoker**Detail (e.g. 20/day, quit 5 years ago)****Do you drink alcohol?** ☐ Yes ☐ No ☐ Prefer not to say**Detail (e.g. 2-3 drinks/week)****Have you, or a close blood relative, ever had a problem with an anaesthetic?** ☐ Yes ☐ No ☐ Unsure**If yes - what happened, and to whom?**

Have you been told you have sleep apnoea, or do you snore heavily? ☐ Yes ☐ No ☐ Unsure

If yes - do you use a CPAP machine? (please bring it on the day)

Do you get heartburn or reflux, or food coming back up, even if you take medication for it? ☐ Yes ☐ No

If yes - how often, and what medication?

Do you have any loose teeth, dentures, crowns, caps or veneers? ☐ Yes ☐ No

If yes - which ones?

Can you climb two flights of stairs without stopping to rest? ☐ Yes ☐ No ☐ Unsure

If female: is there any chance you could be pregnant, or are you currently breastfeeding?

☐ No ☐ Possibly pregnant ☐ Yes, pregnant ☐ Breastfeeding

Height (cm)

Weight (kg)

Medications & dosages (one per line, e.g. Metformin - 500 mg twice daily)

5 Previous scopes & surgery

Have you had a colonoscopy before? ☐ Yes ☐ No **If yes - how many years ago?** _____

If yes - how many polyps were removed?

☐ None ☐ 1-2 ☐ 3-4 ☐ 5-9 ☐ 10 or more ☐ Large polyp (>20 mm) ☐ Unsure

Have you had an upper endoscopy (gastroscopy) before? ☐ Yes ☐ No

If yes - were you told you have Barrett's oesophagus? ☐ Yes ☐ No ☐ Unsure

Have you had any other surgeries? ☐ Yes ☐ No

If yes - which surgeries?

Preferred procedure dates (optional - e.g. next 2-3 weeks, anytime in July)

Preferred area (optional - just a hint; you will pick the exact location and time when you book)

- ☐ Spring Hill (Wickham Tce / St Andrew's) ☐ St Andrew's War Memorial ☐ Mater Private Redland
☐ Springwood Day Surgery ☐ Brisbane South Private - Specialist Suites ☐ North Lakes Day Hospital
☐ Keperra Clinic ☐ Watkins Medical Centre ☐ Mater Redland Consulting ☐ Miami Private

How did you hear about us?

- ☐ My GP ☐ Google search ☐ Friend or family ☐ Health fund ☐ Other

6 Consent & declaration

- ☐ I have read and agree to the Cancellation Policy and Zero Tolerance Policy below and the Colonoscopy Brisbane privacy policy (colonoscopybrisbane.com.au/privacy-policy). I consent to Colonoscopy Brisbane collecting my health information to arrange my care, and I authorise the release of relevant health information as described below.
- ☐ I consent to being contacted by SMS and email about my appointments.
- ☐ I declare that the information on this form is true and complete to the best of my knowledge.

Cancellation Policy - Consultations. If you cancel within 48 hours of your appointment, or do not attend, a cancellation fee applies: the lower of 50% of the consultation fee or \$100. Further appointments are booked once the cancellation fee has been paid. No fee applies if you are unwell or a doctor advises you not to attend (a medical certificate may be requested), or if we change or cancel your appointment. If you are a WorkCover, DVA or ADF patient, any cancellation fee must be paid by you personally and will not be covered by the third party.

Cancellation Policy - Procedures. Payment for your procedure is due at least 7 days before your admission. If you cancel or move your procedure more than 7 days beforehand, your payment is refunded in full or carried to your new date. Between 7 days and 48 hours beforehand you may move to a new date once at no cost, or ask for a refund; asking for a refund instead of moving costs an administration fee of \$150 on private-fee and procedure-package bookings, and never on a no-gap arrangement. If you cancel within 48 hours of your admission time, do not attend, or cannot proceed because your preparation or fasting instructions were not followed, we retain the lower of 50% of your payment or \$500 as a genuine estimate of the theatre time that cannot be reallocated at short notice, and refund the balance; we may at our discretion apply the retained amount to a new date. This does not apply if you are unwell or a doctor advises you not to proceed (a medical certificate may be requested), or if the practice, the hospital or the anaesthetist cancels; in those cases you receive a full refund or a free new date. A prepayment cannot be claimed from Medicare or your health fund until your procedure has taken place.

Zero Tolerance Policy. Colonoscopy Brisbane has a zero-tolerance approach to any verbal, aggressive or violent abuse and behaviour towards our doctors, staff or other patients. Abusive behaviour - including offensive language, yelling, verbal insults, physical violence, racial abuse or sexual harassment - will result in the person being required to leave the practice, and may mean care is transferred elsewhere; in extreme cases the police will be called. We have the right to refuse treatment to anyone who threatens the safety of our staff or patients.

Health information release. I give my consent to Dr Goutham Sivasuthan of Colonoscopy Brisbane to contact medical practitioners or other bodies I have consulted to obtain health and other information that may be pertinent to my care, and I authorise those practitioners or bodies to release such information.

Patient signature**Date****Parent / guardian name and signature** only if the patient is under 18**Date****OFFICE USE ONLY**

- ☐ Identity checked ☐ Entered in portal ☐ Gentu updated ☐ Referral filed

Received by _____ Date received _____ Portal patient ID _____