

# Dr Dhara Lette

Obstetrician, Gynaecologist and Ultrasound Specialist

BSc (Med), MBBS, FRANZCOG, DDU

## New Patient Record

DATE: \_\_\_\_\_

PLEASE CIRCLE Mrs/Miss/Ms OTHER \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (M) \_\_\_\_\_

(W) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_ PARTNER'S DOB: \_\_\_\_\_

Partner's Mobile: \_\_\_\_\_ Partner's Occupation: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_

GP (if not referring doctor) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MEDICARE NO: \_\_\_\_\_

REFERENCE NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_ MEMBERSHIP NO: \_\_\_\_\_

