

Dr Christopher Allada Dr Kris Nowakowski

Dr Ala Mustafa

Dr Ahmad Farshid

Interventional Cardiologist

Dr Jaydeep Mandal

General Physician

Imaging Cardiologist Paediatric Cardiologist

Interventional Cardiologist

General Cardiologist

Dr Davinder Pal Singh

Please carefully fill in BOTH SIDES of this form prior to your child's consultation with the cardiologist

Child's Surname:	Child's First Name(s):					
Address:	Date of Birth:					
Private Insurance Fund:	Membership Number:					
Medicare card number including reference number:		Exp Date:				
Concession Card Number:		Expiry date:				
Primary Carer's Name and Relations	hip To Patient:	DOB:				
Mobile Number:	Home Phone Number:					
Work Phone Number:	Email Address:					
Occupation:						
Do you live in the same household as	s the patient?: Y	N				
Medicare card number including refe	Exp Date:					
Secondary Carer's Name and Relationship to Patient :		DOB:				
Mobile number:	Home Phone Number:					
Work Phone Number:	Email Address:					
Occupation:						
Do you live in the same household as the patient?: Y N						
Referring Doctor:						
Usual General Practitioner:						
	give permission for any corresp	andence/results which will assist in my child's treatme				

, give permission for any correspondence/results which will assist in my child's treatment to be sent by email to (reception@canberraheart.com.au) or fax (Fax No. 02 6162 1887) to the Canberra Heart Clinic. I also consent to my child having measurements taken and being examined by staff including the cardiologist. I have also read the privacy and access policies of this practice and agree to its contents.

> Signed by primary carer:___ Date:

Canberra Heart Clinic: Deakin Lidia Perin Medical Centre

Suite 1, 12 Napier Close, Deakin, ACT, 2600

reception@canberraheart.com.au www.canberraheart.com.au

Phone: (02) 6162 1886 Fax: (02) 6162 1887

Canberra Heart Clinic, Gungahlin Marketplace Gungahlin, Big W Mall First Floor, Suite 13, 30-33 Hibberson Street Gungahlin, ACT, 2912

Phone: (02) 6109 7800 Fax: (02) 6162 1887



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Dr Davinder Pal Singh

Interventional Cardiologist Imaging Cardiologist Paediatric Cardiologist Interventional Cardiologist General Cardiologist

Dr Jaydeep Mandal General Physician

NAME OF SIBLING (S)			AGE				
MEDICATION ALLERGY		REACTION					
Modical History / Polova	at Family Histo	٧١.					
Medical History / Relevant Family History CONDITION/PROCEDURE					YEAR		
NATOICATIONI NIABAT	CVDIID CTDEA	ICTU	DOCE (MULLIC	DARAC)	TINATO TAMEN		
MEDICATION NAME	SYRUP STREN	IGIH	DOSE (MILLIG	KAIVIS)	TIMES TAKEN (Morning or Evening)		
IMMUNIZATION							
Up to date : Yes	No						
FEEDING INFORMATION FOR BABIES							
Feed type: Breastfeeding	Formula	Both	How often :	hourly			
Is your baby having solids	: Yes No		How often :				
Delivery: Vaginal C section							
Antenatal scans: Normal	Abnormal						
If abnormal please state abnormality found:							

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