

Department of Paediatric Surgery  
The Children's Hospital at Westmead  
Corner of Hawkesbury Road  
and Hainsworth Street  
Westmead NSW 2145

**Consulting at:**  
**Crows Nest and Westmead**

T 1300 36 22 78 | F 1300 31 56 68  
secretary@sydney paediatric surgery.com.au  
www.sydney paediatric surgery.com.au

Connected to Argus and HealthLink

ABN 92 816 602 020



**NORTH SHORE & SYDNEY  
PAEDIATRIC SURGERY**

## PATIENT DETAILS

**PLEASE DOWNLOAD THIS FORM AS A PDF AND COMPELETE IN ADOBE ACROBAT  
OR YOUR RESPONSES WILL NOT BE SAVED**

Surname:

Given Names:

Date of birth:

Sex:

Email address:

Phone numbers:

Mum - (H)

(W)

(M)

Dad - (H)

(W)

(M)

Address:

Postcode:

Mother's name:

Mother's occupation:

Father's name:

Father's occupation:

Name of referring doctor:

Doctor's address:

Postcode:

**PLEASE CONTINUE ON NEXT PAGE**

**ANDREW J A HOLLAND**

BSc (Hons) MB BS PhD (Syd) FRCS (Eng) FRACS (Paed) FACS

Professor of Paediatric Surgery



**FRACS**

Fellow of the  
Royal Australasian College of Surgeons



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Delivery:  Normal  Problems

If problems, what were they?

Was baby premature?  YES  NO

Gestation at delivery:

Baby's development:

Smiled at 6 weeks (approx)

Walked at 1 year (approx)

School

Are immunisations up to date?

Any known allergies?

If your child has had a previous operation was he/she allergic to latex?

Any serious illnesses?

Any operations?

Any medications? (current or periodic)

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PAEDIATRIC SURGERY**

Any family history of problems with anaesthetics or operations?  YES  NO

Details:

Any family history of patient problems with bleeding?  YES  NO

Any other relevant information?

Would you be willing to be contacted about supporting the hospital's research activities?  YES  NO

**PLEASE SAVE YOUR RESPONSES**

**SAVE**

Email completed form to: [secretary@sydneypaediatricsurgery.com.au](mailto:secretary@sydneypaediatricsurgery.com.au)

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