

# Professional Medical Consent

## PERSONAL INFORMATION

Full Name

E-mail

Phone Number

Date of Birth

Mobile

Gender

Male  Female

*Please keep in mind that an appropriate medical advice is given to you according to the information below;*

**General Anesthesia:**

Yes  No

**Blood Transfusion:**

Yes  No

**Traumatic injury requiring immediate surgery:**

Tape  Ice

**Blood Group**

**Do you Object to Blood Transfusions**

Yes  No

**Do you take regular medication?**

Yes  No

**If Yes, please list**

**Have you been vaccinated against?**

Yes  No

**Have you ever had concussion?**

**Number of times**

**Date of last concussion**

Yes  No

**Have you ever had Head/Neck/Spinal injury?**

**If Yes, please list**

Yes  No

**Have you had Fracture/Dislocation in last 3 years?** **If Yes, please list**

Yes  No

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**Do you wear glasses?**

**Do you wear contact lenses?**

Yes  No

Yes  No

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**Do you suffer from asthma?**

Yes  No

**Do you ever take medication for asthma?**

**If Yes, please list**

Yes  No

**Do you bring your medication to training/competition?**

Yes  No

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**Are you allergic to any types of food?**

**If yes please list**

Yes  No

**Do you have any medication allergies?**

**If yes please list**

Yes  No

**Medicare Number**

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**Do you have Private Health Insurance?**

Yes  No

**Name of Fund**

**Do you have Ambulance Cover?**

Yes  No

**Member Number**

**Extra cover for Physiotherapy?**

Yes  No

**Coverage for overseas?**

Yes  No

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**EMERGENCY CONTACT DETAILS**

**Contact Person 1**

**Contact Person 2**

**Relationship**

**Relationship**

**Contact Number**

**Contact Number**

**Medical Consent**

I, \_\_\_\_\_, acknowledge that all my medical information given above is true and accurate. I have been informed about the risks and possible consequences of medical treatment and give permission for ACME Medical Aid Centre to provide me an appropriate medical treatment. Also, I have read and accepted the clarification text on how my personal data is collected, transferred and how my data will be stored.

**Name**

**Date**

**Signature**



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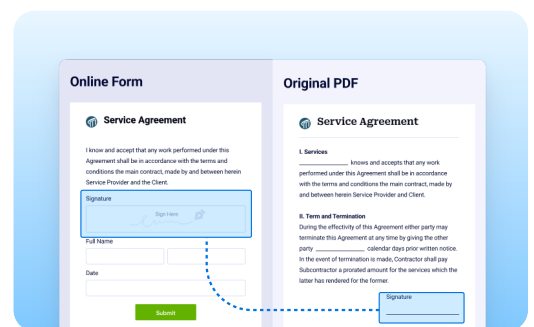
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