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## Dr Yen-Yung Yap

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Hi,

Thank you for choosing us to provide you specialist care. To assist us in providing you a prompt and effective service, would you mind filling out the questionnaire form as attached below? Once we receive your fill-out questionnaire form, we shall contact you to confirm your appointment date and shall endeavour to book you in within 2 weeks' time. Should you have any difficulties answering some of the questions, feel free to discuss this with us when you come in for your first appointment. You may return the form by mail, using the reply envelope provided, preferably within 5 days prior to your preferred date of appointment. You may also return the form via fax or email, if this method is of convenience to you.

Please try to arrive at least 15min before your appointment time to complete our registration. If you were running late for your appointment, we would appreciate your courtesy call of such event.

On that day, the things to remember bringing in are:

- Your doctor's referral letter;
- The original filled-out Questionnaire form if not already returned by mail;
- Copy of all pathology results and imaging films & report if you have them;
- Your Medicare card, Health fund card, and photo ID card (e.g. driver's licence, passport); and
- Cash, bankcard or credit card depending on your preferred payment method. Note, for electronic payment, we accept EFTPOS, Visa and MasterCard only.

For further enquiries, please feel free to email us (at [booking@yapspecialist.com.au](mailto:booking@yapspecialist.com.au)) or ring the practice (at 08 8297 4338) during office hours (Mon-Fri, 9am till 5pm).

We look forward to seeing you on the day.

Warm regards,

Ms Mei-Khing Loo  
Practice Manager

Title: ..... Surname: ..... Given Name: .....

Preferred Name: ..... Date of Birth: .....  
DD / MM / YYYY

Name of Next-of-kin: ..... Relationship: .....

Marital status:  married  de facto  single  same sex couple  
*Please tick the most appropriate one*

Postal Address: ..... Post code: .....  
Street number & name, Suburb, State

Phone Number: ..... Mobile phone: .....  
(area code) 0000 0000 0400 000 000

Email address: .....

Preferred mode of communication: Mobile phone / Home phone / Office phone / SMS / Email  
*Please indicate order of preference and state 'No' to the ones you object*

Occupation: .....

Where did you hear from us:  doctor  word of mouth  social media  website  
*Please tick the most appropriate*  others, please specify: .....

Name of your usual / referring doctor: .....

Address of your doctor's practice: .....  
Street number & name, Suburb, State, Postcode

*Emergency contact*

Name: ..... Relationship: .....

Phone/mobile number: .....

Medicare No:     Expiry: MM / YY

Health Fund: .....

Health Fund number: ..... Expiry: MM / YYYY

Have you been involved in any previous pregnancies? Yes / No

*If yes, please state the number, date (month & year), and the pregnancy outcome*

**Previous fertility assessment and treatment:**

*List out the investigations (including semen analysis) and treatments – specify the dates & location, results/outcome, name of specialist(s). Remember to bring in copy of results and letters*

**Medical & surgical history:**

*Conditions incl. erectile/ejaculation problem, genital trauma/surgery/infection; prostate disease; hypertension, heart diseases, diabetes; inguinal hernia repair; date (month/year) of diagnosis & treatment; surgical/anaesthetic complications*

Date of last sexually transmitted disease screening: MM / YYYY      Results: .....

**Medications:**

*Type, dosage, frequency and route; incl. Menevit, anti-hypertensives, alternative/herbal medicines & supplements*

Drug allergies: .....

Do you smoke, drink alcohol, or take recreational drugs? Have you been exposed to hazardous materials?

*If yes to any of the above, please specify type, amount and period of exposure*

**Family history:**

*Including genetic diseases, cystic fibrosis, cancers and blood/bleeding disorders*

In the last 12 months: *Tick the boxes describing the things you have done. Remember to bring in copy of the results/letters*

- Any blood tests
- Any radiology tests e.g. testicular ultrasound scan
- Semen analysis
- Seen other specialists

Other information you may wish to provide OR issues you may wish to address OR your expectations:

Tick one or more boxes describing your expectations

Your expectations	Recommended session time
<input type="checkbox"/> A comprehensive and detailed assessment covering all relevant women’s health issues, fertility and long term health <input type="checkbox"/> A detailed explanation of my condition(s) <input type="checkbox"/> Discussion on the various management options / choices available <input type="checkbox"/> A holistic and individually-tailored management plan	First consult: 45-60 min Review consult: 30-60 min
<input type="checkbox"/> A focused assessment & management based on a complex area of concern	First consult: 30-45 min Review consult: 30 min
<input type="checkbox"/> A focused assessment based on a minor area of concern <input type="checkbox"/> A second opinion <input type="checkbox"/> A basic / simplified explanation <input type="checkbox"/> Doctor to decide my management on my behalf following standard practice <input type="checkbox"/> A budget conscious management plan, i.e. one which incurs the least gap	First consult: 30 min Each consult: 15-30min
<input type="checkbox"/> Onsite ultrasound scan on the day of consult. [Note: Medicare rebate for ultrasound scan will be reduced by \$ 35 if combined with consult]	Additional 30 min