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Patient Card

This patient card has been designed for mesh injured Australians to reduce the stress of seeking health care/treatment, when in pain or chronically ill.

Name:

Address:

Phone Number: Date of Birth:

Emergency Contact: Name..... Relationship..... Phone.....

GP:	Name	Address	Phone
Medicare Number:		Ref:	Expiry
Health Care Card:	Type of Card:	Ref:	Expiry
Private Health Insurance:	Fund:	Ref:	Expiry:
Allergies:			
Other diagnosis or conditions:			

Implant Details

TVM/POP/Hernia Device Name(s)	Info from sticker/label Operation Record	Implanted by:	Hospital (Town/State)	Date (or year)

Device is still in place Partially removed/repared/trimmed Device is removed (tick which one applies)

If Removed/Repaired	Removed/Repaired by:	Hospital (Town/State)	Date

List of adverse effects from implant: (Tick current, circle or underline effects that have resolved over time)

Chronic Pain (pelvic)	Painful sex/intercourse	Can't walk or sit for long periods	Auto immune issues
Chronic Pain (leg/hip)	Unable to have sex at all	Rashes / welts on skin	Chronic Fatigue
Urinary Tract Infections	Erosion of mesh (vagina)	Sleep issues	Brain Fog / Memory issues
Urinary Incontinence	Erosion of mesh (urethra)	Anxious / Excessive Worry	Can't work full time
Bowel Incontinence	Erosion of mesh (bowel)	Depression that doesn't lift	Can't drive manual car
Overactive Bladder			
Interstitial Cystitis			

Current Medications

Name:	Dosage:	Condition:

Past Treatments

Name:	Specialty	Date / Outcome

Current Treatment

Name:	Specialty	Frequency / Started (date)

For more information www.meshinjureaustralia.org.au