SYDNEY MELANOMA DIAGNOSTIC CENTRE

PATIENT REGISTRATION FORM

Appointment with: …………………………………………………………..…………… **Date**: ..……../………/…….. **Time**: …….……………

Have you been to the Sydney Melanoma Diagnostic Centre before? Yes ☐ No ☐

Title: ………… **Surname**: ……………………..………………..………………… **First Name**: …………………………………………………………….....

Date of Birth: ……../………/……… **Gender**: Male ☐ Female ☐ Other ☐ **Marital Status**: ……………………………………………

Address: ……………..…………………..……………………………………………………………………………………..………………………………………..

Phone: Home ………..……………..……………..………… **Mobile**: ………..……………………………………… **Work**: ………………..…………………………

Email: ……..…………………………………………………………………………..………………………………………………………………………

Occupation:………………………………………………………………………………..……………………………………………………………………

Health Fund? Yes ☐ No ☐ **Fund Name:** ……………..……………………….…..... **Membership No**: ……………………………………………..

Medicare Card No: ……………………..……………………………………**Ref** ………… **Expiry Date**: …..………...……../………………………

Concession Card No: …………………………..………………**Type**: **Pension** ☐ **Health Care** ☐ **Expiry Date**:……... ./……..…./……..……

Dept of Veterans Affairs Card No:: ……………………………………………………… **Type: GOLD** ☐ **TPI** ☐ **WHITE** ☐

<u>**Cultural Background**</u>:
Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?
No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐

Other cultural background (eg Mediterranean, Asian, African): ……………………………………………………………………………….......

Country of birth: ………………………………………………….. **Is English your first language**: Yes ☐ No ☐

If not, do you require an interpreter? Yes ☐ No ☐ **Please specify language:** ………………………………………..……………………

<u>**Person to notify in case of emergency**</u>

Name:…………………………………………………………………..……..…………… **Relationship**:………..…………………………………………

Phone: ………………..…………..………………..……. **Email:** …………………………………………………………..……………………

GP Details: Name:………………………………………………………………………….…. **Ph**: ……………………………..……………..……

Address: ……………………...………….……………………………………………………………………………..………………..………

Referring Doctor: *(if not GP)* ……………………..……..………………………………………………………………………..……………………

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Medical Information

Have you had anything removed from your skin before? ……

Do you have a family history of melanoma? ……

In the sun do you: Burn: □ Tan: □ Both: □

Have you been badly sunburnt in childhood or teenage years? …… Any Blistering? ……

Medicines and Allergies:
Do you have any significant medical problems? **Yes / No**, (If yes please specify) ……

……

Please list current medications: ……

……

Do you take Aspirin regularly? Yes □ No □ **Do you smoke cigarettes?** Yes □ No □

Allergies:……

Health authorities recommend that surgical staff should be aware if patients consider themselves to be at any increased risk of exposure to the HIV (AIDS) or Hepatitis viruses. Please indicate on the form or advise the doctor personally if you believe you may have been potentially exposed to these viruses.

- I believe **I am** □ **/ I am not** □ at risk of having been exposed to the HIV or Hepatitis viruses.

- **CONTACT CONSENT**

Our practice uses a reminder system to help you keep track of your appointments, and provide any relevant information regarding those appointments. We send reminders by SMS, email or post for routine appointments and procedures; and also email information regarding your upcoming appointments.

I consent to being contacted with reminders to help me keep track of appointments: Yes □ No □

- **FINANCIAL CONSENT**

The Sydney Melanoma Diagnostic Centre is a private practice and fees are determined at the discretion of your dermatologist, which may be reviewed at any time.

Additional Fees you may incur

There may be additional services recommended that will incur an additional fee. A financial estimate will be provided before treatment or a procedure is performed.

Fees charged by this practice do not include the cost of external service providers such as pathology; imaging or pharmacy and you may be invoiced separately by these providers. Medicare and Health fund rebates may apply.

Please note: Most doctors at the practice utilise the service of Royal Prince Alfred pathology, which is bulk billed if you are eligible for Medicare, and your appointment is covered by a valid referral at the time of your procedure.

Notes: Fees are reviewed twice a year and are subject to change without notice. A $50 fee may apply for late cancellations. Your dermatologist may provide a fee reduction if you are experiencing financial hardship. Patients attending for confocal microscopy follow up in line with clinical trial protocols are bulk billed and exempt from other fees, provided the appointment is covered by a valid referral. If you are experiencing financial hardship please speak with your doctor and a reduced fee may be arranged.

Account Payment

Your account needs to be settled at each consultation. We accept cash, EFTPOS, MasterCard and Visa. Veterans covered by Gold card, or White card specifying approval for skin cancer will be bulk billed. Patients who present a blue pension card will be bulk billed for items covered by a Medicare Item number.

I AGREE TO ACCEPT RESPONSIBILITY FOR PAYMENT OF MY ACCOUNT:

***Name**: (print)*…… ***Signature**:* ……

Date: …… / …… / ……..