CBDskincancerclinic
CBDmedicalclinic

OUR APPOINTMENT ATTENDANCE POLICY

Due to a greatly increasing number of unattended appointments, the following policy has been implemented:

Patients are required to give the clinic ONE BUSINESS DAY'S NOTICE / 24hrs when CANCELLING -or- CHANGING CONFIRMED APPOINTMENTS

We have a large backlog of patients awaiting appointments for tests, treatments & surgeries.
These appointments can then be made available to the patients on our waiting list.

We reserve the right to charge patients the consultation fee for any unattended appointments that have been booked by the patient.

STANDARD SKIN CHECKS / CONSULTATIONS

Standard skin check/consultations are booked in 15 minute increments at a charge of **$150.00.** _____
Occasionally, a skin check/consultation may run longer, due to situations such as patients having a large amount of moles/marks to be checked, etc. *Initial*
In cases where the consultation runs over 20 minutes, a long consult fee may apply.

If your doctor does a biopsy, excision or cryotherapy, additional fees will be incurred.
If you want to know the exact costs involved with any procedures please speak to the doctor you are seeing prior to proceeding. The doctor will be happy to explain the procedure, costs and Medicare rebate with you. _____
Initial

YOUR APPOINTMENT TIME

Though our doctors always endeavour to stay on schedule, at times, **unforeseen situations arise** which **create unexpected delays** (*such as procedures & surgeries taking longer than expected -and- patients arriving late for their scheduled appointments, etc*).

We sincerely appreciate your patience & understanding when this occurs.

***You also may choose to call the clinic approximately 45 minutes before your appointment to check if your doctor is running on schedule.**

WHAT TO EXPECT DURING YOUR APPOINTMENT

The Doctor will require you to remove your clothing down to your undergarments.
To conduct a thorough skin cancer check, the Doctor will be touching your skin and using a Dermatoscope.

_____
Initial

I acknowledge the above _____ Date _____
Signature of Patient

CBDskincancerclinic
CBDmedicalclinic

**PLEASE PRINT CLEARLY IN BLOCK LETTERS*

Title: Mr/Mrs/Miss/Ms//Dr/Other

Surname: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Email: _____
(you consent to being emailed and accept the risk of receiving correspondence via email)

Preferred contact (please tick): Mobile Tel: ____ SMS: ____ Home Tel: ____ Work Tel: ____ Email: ____

Do you consent to receive appointment reminders by SMS?: Yes / No

Medicare No: _____ Reference No: _____ Expiry: _____

Private Fund: _____ Membership No: _____

How did you hear about us?_____ Occupation: _____

Are you Diabetic? _____ If yes, what type: _____

What is your Ethnicity?
Aboriginal origin: Yes / No Torres Strait Island origin: Yes / No Other: _____

Emergency contact:

Name:_____ Phone:_____ Relationship: _____

Next of Kin: *(if different from above)*

Name: _____ Phone: _____ Relationship: _____

Allergies: _____

Do you smoke?
Never Smoked _____ Ex-Smoker _____ If yes, which year did you quit? _____
Yes _____ If yes, how many packets per week? _____

Do you drink alcohol?
Yes ____ If yes, how many drinks per week? _____ No _____

Signed: _____ Date: _____

**** To read our Privacy Policy please go to our www.cbdskincancer.com.au ****

We accept: EFTPOS, VISA, MASTERCARD & AMEX (for security purposes, no cash kept on the premises)