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

**\_\_\_\_\_\_ *Initial***

STANDARD SKIN CHECKS & CONSULTATIONS

Standard skin check/consultations are booked in 15-minute increments at a charge of **$190.00.**

Occasionally, a skin check/consultation may run longer, due to situations such as patients having

alarge number of moles/marks to be checked, etc. In cases where the consultation runs over

20 minutes, a long consult fee may apply.

If you require an excision, biopsy or cryotherapy, additional fees will be incurred

*(biopsies starting at $180, cryotherapy starting at $120, excision prices - speak with your doctor).*

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.

NOTE: If you do not have Medicare, there will be additional fees invoiced directly from the Pathology Lab.

**\_\_\_\_\_\_ *Initial***

PATIENT FOLLOW-UP RESPONSIBILITY

All patients will receive reminders for their annual skin checks and are always contacted about abnormal

test results. However, following up on your healthcare, bookings and attending your appointments and

procedures are your responsibility. Please be diligent with your health care.

**\_\_\_\_\_\_ *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 time to check if your doctor is running on schedule.

**\_\_\_\_\_\_ *Initial***

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 have read the above in its entirety and fully understand and agree/acknowledge all of the above.*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*



*\*PLEASE PRINT CLEARLY IN BLOCK LETTERS*

Title: Mr / Mrs / Ms / Miss / 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? (Please tick)

Non-Smoker \_\_\_\_\_\_\_   
Ex-Smoker \_\_\_\_\_\_ \_ Which year did you quit? \_\_\_\_\_\_\_\_\_\_   
Current Smoker \_\_\_\_\_ 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*](http://www.cbdskincancer.com.au) *\*\*\**

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