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- 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 **$200.00.** Occasionally, a skin check/consultation may run longer, due to situations such as patients having a large 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 $190, cryotherapy starting at $130, 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***

PRIVACY & RECORDING

To protect patient confidentiality and staff privacy, photography, video, and audio recording are strictly prohibited within the clinic or during telehealth consultations without the express prior consent of your treating practitioner, and any unauthorised distribution or online publication of the clinic interactions is strictly forbidden.

_____ ***Initial***

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

Print Name: _____ *Signature:* _____ *Date:* _____

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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: _____

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

Allergies: _____

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

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

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

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

Name: _____ Phone: _____ Relationship: _____

SIGNATURE: _____ **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)