

Cairns Skin Cancer Clinic

Patient Registration Form



We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate.

Title	Mr Mrs Miss Ms Dr Other		
First Name			
Middle Name			
Surname			
Preferred Name			
Date of Birth	Country of Birth:		
Sex	Male Female		
Marital Status	Single Married Widowed Divorced Defacto Separated		
Medicare Number	Ref	Expiry Date	
DVA Number Gold / White (Please circle)		Expiry Date	
Pension Card Number		Expiry Date	
Health Care Card Number		Expiry Date	
Occupation			
Residential Address			
Home Phone			
Work Phone			
Mobile Phone	SMS Appointment Reminder Yes No		
Postal Address (if different from Residential)			
Next of Kin	Name: Phone: Relationship:		

A Few Questions About You

ALLERGIES: Do you have any allergies or are you sensitive to any drugs or dressings – in particular to medications, antiseptic solutions or sticking plasters?
 Yes No Unsure

If Yes, details: _____

HEALTH HISTORY: Do you have any medical conditions requiring ongoing treatment or medications? Include Hep B, Hep C, HIV/ AIDS.

CURRENT MEDICATIONS : (Especially Aspirin , Warfarin, Eliquis, Xarelto or Pradaxa)

Please advise us if you would like the results of any tests sent to your usual GP. Yes No

NAME OF USUAL GP: _____

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Privacy Consent Form

Name		Date of Birth	
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To enable ongoing care and total quality improvement within this practice, and in keeping with the Privacy Act 1988 and National Privacy Principles, we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent.

Your personal health information will only be used for the purposes for which it is collected or as otherwise permitted by law and we respect your right to determine how your personal health information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare and health insurance details, data collected from observations and conversations with you, photographs and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/guardian) are consenting, that on obtaining your personal health information it may be used or disclosed by the practice for the following purposes:

- Follow up reminder/recall notices for treatment and preventive healthcare.
- For accounting procedures and the collection of professional fees.
- The diagnosis and treatment of any health condition, including the communication of relevant information only, to practice staff, specialists and other healthcare providers to ensure quality care is provided.
- Accreditation and Quality Assurance activities are conducted by professionally trained non-treating GP's and other professionally trained and qualified persons eg. General Practice Managers.
- For legal related disclosure as required by a court of law.
- For the purposes of research only where de-identified information is used.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- For disease notification as required by law.
- For use when seeking treatment by other doctors in this practice.

At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

Signature: _____ Date: _____

As Dr Gordillo will phone you with any results of any procedures (Biopsy or Excisions) do you consent to a message being left on your preferred phone if you are unavailable when he calls?

Yes No

Preferred Contact Number : (Please Circle)

Home

Mobile

In order to check your skin thoroughly, Dr Gordillo will perform a full systematic skin examination rather than just a brief check of a few spots. It is important to be aware that some skin cancers can occur even where the sun does not normally shine! To perform a full skin check, we ask that all clothing is removed down to your underwear. Please discuss with Dr Gordillo if there are any areas of concern under your underwear. A nurse is available on request.

Do you have any specific moles, lumps or spots that you would like the doctor to examine?

Yes No Unsure

If Yes, please indicate with an X on the body map

