NOVUS DERMATOLOGY – Patient Registration & Consent Form

First Name:.. Family Name: ....

Title:............................ Gender: .... Preferred Name: ....

Address: ....

.... Post Code: ....

Date of Birth:... Occupation: ....

Telephone Contacts: H .... W .... M ....

Email: ....

Emergency Contact Name: ....

Relationship to the patient: .... Telephone Number: ....

Name of your GP: ....

Clinic Name AND Address: ....

.... Telephone Number: ....

Medicare Number: __ __ __ __ - __ __ __ __ - __ __ Ref Number (next to your name): ____ Exp: _ _ / _ _ _

Pension or Health Care Card Number: .... Exp: _ _ / _ _ _

Veteran's Affairs (DVA) Number: .... Gold Card: ☐ White Card: ☐

Private Health Insurance: Yes ☐ No ☐ (only applies if Novus Dermatology refers you to another specialist/inpatient care)

IF PATIENT IS UNDER 18 YEARS OLD - *Details of Person Responsible for Account for Medicare Claiming Purpose*

Name: ....

Date of Birth: .... Medicare Reference Number (number next to your name): _____

PAST MEDICAL HISTORY:	**Yes**	**No**
Skin Cancer (melanoma, BCC, SCC)	☐	☐
Bleeding Disorder	☐	☐
Diabetes requiring Insulin or Tablets	☐	☐
Currently Pregnant	☐	☐
Current Anticoagulants (ie Warfarin, Plavix, Iscover, Pradaxa)	☐	☐
Cardiac Pacemaker or Heart Valve Replacement	☐	☐
Allergies	☐	☐

Please specify: ....

FULL PAYMENT IS REQUIRED:

Full payment of the account is required on the consultation day by cash, EFTPOS or Credit Card (excludes Diners and AMEX cards).

ABOUT YOUR PERSONAL HEALTH INFORMATION:

The personal health information you provide during your consultation and subsequent treatment/s will be collected for the purpose of providing you with high quality health care. Our policy is to protect your privacy and this information will only be disclosed to other health care workers where necessary or required under legislation. Medical photography may constitute part of your medical record and may also be used for medical education purposes. By signing this form below, I agree and consent to my health information being used in accordance with the Victorian Health Records Act 2001.

Signature: .... Date: ....