laserdermatology
MEDICAL SURGICAL COSMETIC

Levels 1 & 2/120 Thames St
Box Hill North, VIC 3129
P: +61 3 9890 1844
E: office@laserderm.com.au
F: +61 3 9890 2270
W: laserderm.com.au

PATIENT REGISTRATION

Patient Details ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr ☐A/Prof *(Please select one)*

Patient Name _____ _____ DOB ___/___/_____
First Name Surname

Parent/Guardian _____ _____ DOB ___/___/_____ *Any patient <18yrs, information required for Medicare
First Name Surname

Address _____ Postcode_____

Phone _____ _____ _____ I am happy to receive practice updates ☐Y ☐N
Home Business Mobile

Email _____ Occupation_____

Pension _____ Expiry date _____ Medicare No. _____ Ref No. _____ Expiry date _____

Phone _____ Address _____ Postcode_____
(if different from above)

Referring Doctor _____ Address _____

Name of GP _____ Address _____
(if different from above)

***When was your last skin check?** *(mm/yy)*_____ Would you like information about our skin check services? ☐Y ☐N
(if yes, please ask our admin staff to assist you in making an appointment)

How did you hear about the clinic? _____

General Health History

Have you suffered any serious illness? _____

Please list any previous surgeries _____

Do you have a history of any of the following?

☐ Allergies (if yes, see below)
☐ Heart trouble
☐ Epilepsy
☐ Bleeding tendency (if yes, see below)
☐ Rheumatic fever
☐ High or Low Blood pressure
☐ Kidney disease
☐ Diabetes
☐ Blood clots/Thrombosis
☐ Fainting
☐ Hepatitis
☐ Lung disease
☐ Other _____

Are you at risk of developing HIV, AIDS or Hepatitis? _____

Is there anything of a confidential nature that you wish to discuss with the Doctor/Nurse? _____

-Allergies: Are you allergic to any medicines, lotions or tapes? ☐Yes (if yes, provide details below) ☐No

laserdermatology
MEDICAL SURGICAL COSMETIC

Levels 1 & 2/120 Thames St
Box Hill North, VIC 3129
P: +61 3 9890 1844
E: office@laserderm.com.au
F: +61 3 9890 2270
W: laserderm.com.au

_____

- Bleeding tendency: Are you subject to prolonged bleeding or frequent nose bleeds? ☐Yes (if yes, provide details below) ☐No

_____

-Cortisone: Have you ever been given cortisone or steroid tablets/injections? ☐Yes (if yes, please specify when) ☐No

_____

-Medication: Please list any current medication (including herbal/alternative) _____

_____

Please note – if you have been referred by another Doctor:

-Patients are advised that this practice does not bill Medicare direct for Patient Accounts. GP Referrals are valid for 12 months and Specialist referrals are valid for 3 months. Any patients attending without a current referral will still be charged the specialist rate but will be ineligible for Medicare rebate at the specialist level. Dr Bekhor or his staff cannot request a backdated referral from your GP. It is the patient's responsibility to negotiate referrals from their Doctor. Due to a change in the structure of our practice, we are no longer able to accept indefinite referrals. Thank you for your understanding.

WorkCover and TAC patients must provide correct details of the organisation accepting liability for payment of services, including their employer, insurance company and claim number **before** treatment is undertaken.

You will be given your account after your consultation, at which time settlement will be required. Visa, Mastercard and EFTPOS credit facilities are available. **The terms of contract are settlement of all consultation accounts on the same day.**

Photography consent

I consent to the use of my non-identifying clinical photographs for:
(Please tick all that apply)

☐Educational purposes
within the practice and/or medical lectures

☐Educational purposes
Publication in medical journals

☐Marketing purposes

I acknowledge I have read and understand Laser Dermatology's

Privacy Policy | Cancellation Policy | Cost Estimation Policy

I consent to the handling of my information by this practice for the purposes set out in Laser Dermatology's Privacy Policy, subject to any limitations on access or disclosure that I notify this practice of.

Signed _____ Date ___/___/_____

Witness _____