

Patient Registration and Consent Form FotoFinder and Dermoscopy Skin Assessment

It is important to provide complete and accurate information on this form so we can provide a comprehensive and thorough assessment of your skin. If you do not provide accurate information, this limits our ability to find and treat lesions and other conditions.

Please note, we are unable to discuss medical issues of another nature or scripts at your skin check appointment. If you require an appointment of another nature, please contact our reception staff to organise a routine appointment with your doctor.

Please read and complete all sections of this form prior to your appointment. Once completed, you may email the form to: info@campaspefp.com.au or alternatively, bring the form on the day of your appointment. Please arrive 10 minutes prior to your appointment and submit the form at reception if you select to bring the form on the day. Patient Registration and Consent Forms for the FotoFinder and Dermoscopy Skin Assessment are also available at reception.

If you are a new patient to our practice, please complete sections 1 – 10 below.

If you are an existing patient at our practice, and your information is up to date, please complete sections 6 – 10 below.

1. Contact Information	
Gender:	
Title:	
Surname:	
First Name:	
Date of Birth:	
Street Address:	
Postal Address: <i>(if different to above)</i>	
Home Phone:	
Work Phone:	
Mobile Phone:	
Email:	
2. Next of Kin	
Name:	Relationship to you:
Home Phone:	
Mobile Phone:	

3. Emergency Contact Details

Name:	Relationship to you:
Home Phone:	
Mobile Phone:	

4. Healthcare Identifiers

Medicare Number: _____	Ref: _____	Expiry: ___/___/___
Dept. of Veterans' Affairs File Number: _____	<input type="checkbox"/> Gold	<input type="checkbox"/> White
Concession (Pension/Health Care) Card Number: _____	Expiry: ___/___/___	

5. Cultural Identity

To assist with health initiatives - are you Aboriginal and/or Torres Strait Islander?

No Yes – Aboriginal Yes - Torres Strait Islander Yes - Aboriginal and Torres Strait Islander

As Australia is a genuinely multicultural society, and to tailor appropriate care, encourage understanding and appreciation between people from different nationalities and cultures - do you identify as someone from a culturally and/or linguistic diverse background?

No
 Yes - Please elaborate _____

If yes, do you require an interpreter service? No Yes

6. Allergies

Do you have any allergies or are you sensitive to any drugs or dressings? (<i>please circle</i>):	YES	NO	UNSURE
If yes please list: Allergy	Reaction		

7. Current Medications: (Especially Aspirin, Warfarin, Eliquis, Xarelto or Pradaxa)

Are you taking any medication? Please also list over the counter medication or vitamins
If yes please list:

8. General Medical History

Have you ever had any of the following medical conditions or treatments?		
If yes please circle:		
Allergy or adverse reaction to local anaesthetic (lignocaine or adrenaline?)	YES	NO
Dizziness, fainting, nausea during or after medical procedures (not including General Anaesthetic)	YES	NO
Cardiac pacemaker	YES	NO
Artificial heart valve, rheumatic fever, other heart valve conditions	YES	NO
Peripheral vascular disease or other problems with circulation	YES	NO
Diabetes	YES	NO
Conditions causing increased bleeding	YES	NO
Daily medication that causes bleeding, e.g.: Aspirin, Warfarin, Plavix	YES	NO
Immunosuppressant medication, e.g.: Methotrexate, Tacrolimus, sulfasalazine, oral steroids	YES	NO
Immune system disorder with increased risk of infection or cancer	YES	NO
Organ transplant recipient	YES	NO
Radiotherapy	YES	NO
Blood-borne virus e.g. Hepatitis B, Hepatitis C, HIV	YES	NO

Other significant conditions or surgical procedures?

Please list:

Are you pregnant or breastfeeding? (Please circle)

NO YES PREGNANT BREASTFEEDING

Smoking (Please circle): NEVER SMOKED EX SMOKER Year ceased _____ CURRENT SMOKER Amount/day _____

9. Skin Cancer Risk Factors

Occupation: Has your work ever involved (please circle): Arc Welding Exposure to arsenic Neither

Please list any regular outdoor activities: _____ How many hours per week do you spend outside? _____

Have you ever had a skin cancer removed? NO YES If yes please circle what type Melanoma SCC BCC

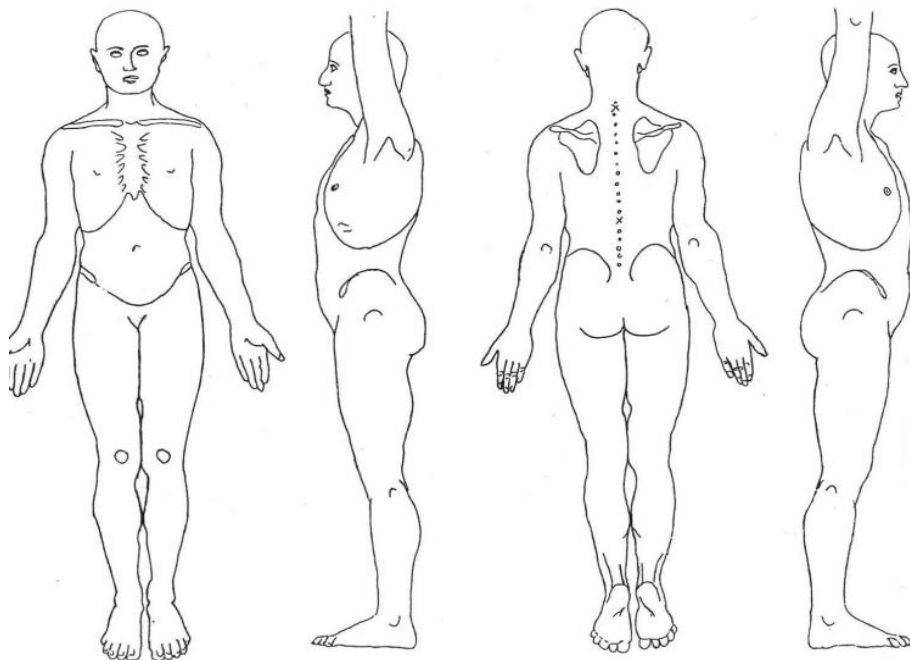
Family History of Melanoma NO YES If yes please circle relevant Father Grandfather (paternal) Brother(s) Mother Grandfather (maternal) Sister(s) Grandmother (paternal) Son(s) Grandmother (maternal) Daughter(s)

Family History of **other skin Cancers** e.g. basal cell carcinoma Or squamous cell carcinoma NO YES If yes please circle relevant Father Grandfather (paternal) Brother(s) Mother Grandfather (maternal) Sister(s) Grandmother (paternal) Son(s) Grandmother (maternal) Daughter(s)

Have you ever been Sunburnt and Peeled? (please circle): YES NO

Have you ever used a solarium/tanning bed? (Please circle) NO YES Age at first use: _____

10. Please mark any lesions of concern on your body on the diagram below



Late arrival and no-show policy:

Campaspe Family Practice appreciates the value of your time so we try to ensure that we run our FotoFinder and Dermoscopy skin assessment appointments on time. If you do arrive late, we will do our best to provide you with a thorough service, however as a courtesy to the next patient your appointment will still finish at the original scheduled time and this will mean you have less time for your two-step skin assessment.

If you cancel at late notice, or are a no-show at your appointment, another patient may miss the opportunity to have skin cancer diagnosed and treated. Please note, Campaspe Family Practice also incurs an expense for a no-show appointment. In this circumstance, we may charge an out-of-pocket cancellation fee of up to half the fee for the total skin assessment service.

If you miss your appointment due to extenuating circumstances please call our practice at your earliest convenience to discuss with our staff and we will advise if a waiver of the fee is applicable.

Please complete FotoFinder consent below prior to your appointment day and your doctor/nurse will sign on the day of your appointment.

Patient Consent:

I, _____

Consent to medical images being taken and a report being made of me or my child/dependant.

I agree that the images and report may be:

(Please circle after each statement to indicate consent)

Securely stored in the FotoFinder system for repeat comparison in 1yrs time (or time-frame set by your doctor)	YES	NO
Stored on my medical file at Campaspe Family Practice	YES	NO
Sent to your usual GP or a specialist/hospital for further review or treatment purposes	YES	NO

BY SIGNING BELOW, I CONFIRM THAT I UNDERSTAND AND AGREE TO STATEMENTS MADE IN THIS CONSENT FORM AND THAT ANY QUESTIONS REGARDING IT HAVE BEEN ANSWERED BY MY DOCTOR OR NURSE.

Signature of Patient/Parent/Guardian

Date: ____/____/____

Signature of Doctor/Nurse

Date: ____/____/____

Privacy Information:

Campaspe Family Practice will collect information including your personal details, medical history and risk factors for skin cancer. Information will be stored in conjunction with the Australia Privacy Act 1988 and treated as sensitive information. Campaspe Family Practice operates in accordance with the Act to protect your privacy. Campaspe Family Practice uses the information you have provided on the Patient Registration and Consent Form to manage and plan your health care in regards to skin assessment and treatment.

Information on this form and skin assessment reports may need to be shared with other health care providers or diagnostic facilities, some information may also be provided to Medicare and private health funds (if applicable).

Campaspe Family Practice's full privacy policy is available on our website www.campaspefp.com.au

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