BRIBIE ISLAND
SKIN CANCER CLINIC
9/19 Benabrow Ave
Bellara Qld 4507

(07) 3408 6699

Medicare / VA No. ---------- Pt No ---- Exp Date --------

Health Care Card No. ----------

Pension Card No. ---------- Exp Date ----------

How did you hear about our clinic:

☐ letterbox flyer ☐ newspaper ☐ word of mouth ☐ doctor ☐ other

To ensure the information we have to create your medical record is correct we require the following. These details will be strictly confidential and used by our doctors alone for your personal health records and any relevant follow up or care related to this consultation.

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Surname _____
Given names _____ Known as _____

Date of Birth _____

Postal Address _____

_____ State _____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

Occupation _____

Past Occupations _____

Please list **all** medications you are taking, especially **aspirin** or **warfarin**:

_____

_____

Please list **all** medical conditions you are **currently** receiving treatment for:

_____

Do you have any allergies to any medications, antiseptics or sticking plasters?
☐ yes ☐ no If yes please list:-

_____

Do you have a pacemaker? ☐ **yes** ☐ **no**

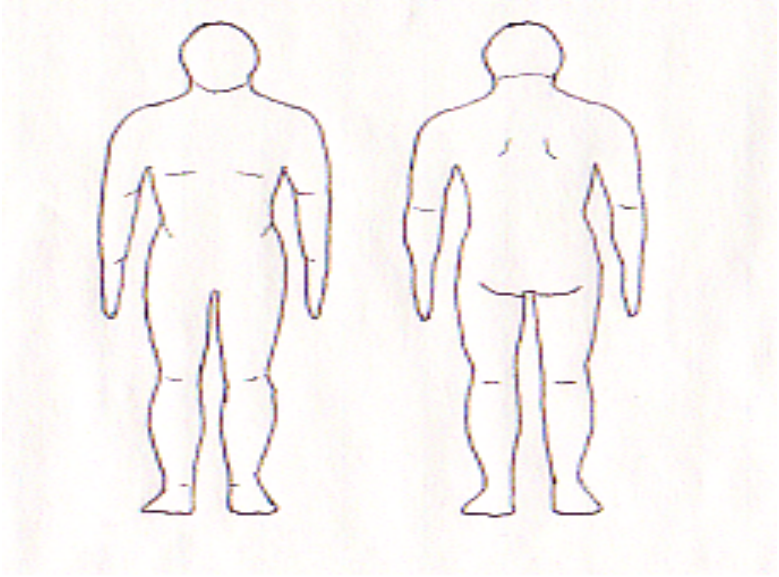
Are you pregnant or breastfeeding? ☐ **yes** ☐ **no**

Have you had surgery for skin cancers before? ☐ **yes** ☐ **no**

On which parts of the body _____

Have you had sunspots before? ☐ **yes** ☐ **no**

Please indicate on the diagram with an 'X' any specific moles or spots to be checked.



We suggest that a full skin examination be performed. To do this you will be asked to remove all of your clothing except for underwear. If you have any areas of concern covered by underwear please inform the doctor and a discreet examination can be performed.

Would you like a full skin examination? ☐ **yes** ☐ **no**
If no which areas would you like examined? _____

Please return this form to the receptionist before seeing the doctor

Thank you