

# PATIENT DETAILS

**(Please complete this section prior to your consultation)**

(Mr / Mrs / Ms / Miss) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (m): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Pension/Health Care Card/VAF number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring dermatologist: \_\_\_\_\_

GP: \_\_\_\_\_

GP address: \_\_\_\_\_

Work Cover claim number and details (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's name: \_\_\_\_\_

Private health fund and membership number: \_\_\_\_\_

\_\_\_\_\_

## YOUR MEDICAL HISTORY

These questions will help us treat you more accurately. Please include details where relevant.

Are you allergic to any drugs or local anaesthetic?  YES  NO

What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

Do you have a history of any of the following:

• heart, kidney, liver or eye disease? \_\_\_\_\_

\_\_\_\_\_

• diabetes, high blood pressure or bleeding problems? \_\_\_\_\_

\_\_\_\_\_

Are you pregnant or planning a pregnancy?  YES  NO

Do you have a hearing aid or pacemaker?  YES  NO

SPECIALIST  
TREATMENT  
EDUCATION &  
RESEARCH



## PATIENT REFERRAL

The Skin Health Institute is a not-for-profit organisation that provides specialist treatment for a wide variety of skin diseases.

### TREATMENT

Our clinics address a range of skin diseases including hair, nail and oral mucosa, psoriasis, eczema, patch testing for contact /occupational dermatitis and skin cancer management.

Our non-surgical treatments include radiotherapy and PDT. As well as general skin cancer surgery, we also offer specialized Mohs' micrographic surgery for more disfiguring cancers.

### RESEARCH

As one of Australia's leading centres for skin disease research and treatment, we conduct regular trials, collect clinical data and support projects in other dermatology centres. Our ongoing trials enable us to make significant advancements in skin disease treatments and patient care.

### EDUCATION

Our education arm reaches three diverse groups of people:

- GPs: with regular lectures and training clinics
- trainee dermatologists: in conjunction with major universities and hospitals
- the community: through skin health initiatives such as school workshops and occupational workplace assessments. We proudly support community based health groups including The Alopecia Areata Association.

SKINHEALTHINSTITUTE.ORG.AU

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Registered Charity A12501

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# PATIENT COPY

You must obtain a specialist referral from a qualified medical practitioner before attending the Skin Health Institute. Specialist referrals are valid for three months only. We cannot consult without one.

## PAYING FOR YOUR CONSULTATION

We ask that you pay immediately after your consultation. We do not bulk bill or mail accounts for medical photography.

**Clinical services.** Payment of accounts is requested on the day of consultation. Medicare, Pension and other concession cards must be presented when attending all appointments.

## WHERE TO FIND US

The Skin Health Institute is located at 80 Drummond Street Carlton, on the corner of Drummond and Queensberry Streets.

You can reach us via bus (from Flinders and Russell Streets), train (Parliament Station) or tram (Victoria Parade); there is meter parking or a carpark at the museum on nearby Rathdowne Street.



# CLINIC COPY

(GP to complete this section)

Patient's name: (Mr / Mrs / Ms / Miss) \_\_\_\_\_

Name and address of referring doctor \_\_\_\_\_

Provider number: \_\_\_\_\_

Date referred: \_\_\_\_\_

Appointment date: \_\_\_\_\_

Please tick which clinic you would like the patient to attend:

- |   |   |
|---|---|
| <input type="checkbox"/> advanced surgery | <input type="checkbox"/> grenz ray treatment        |
| <input type="checkbox"/> hair             | <input type="checkbox"/> hyperhidrosis              |
| <input type="checkbox"/> iontophoresis    | <input type="checkbox"/> laser                      |
| <input type="checkbox"/> liaison          | <input type="checkbox"/> melanoma                   |
| <input type="checkbox"/> men's health     | <input type="checkbox"/> mohs' micrographic surgery |
| <input type="checkbox"/> nail             | <input type="checkbox"/> oral mucosal               |
| <input type="checkbox"/> phototherapy     | <input type="checkbox"/> photodynamic therapy       |
| <input type="checkbox"/> radiotherapy     | <input type="checkbox"/> skin cancer management     |
| <input type="checkbox"/> transplant       | <input type="checkbox"/> biologics                  |
| <input type="checkbox"/> patch testing    | <input type="checkbox"/> other                      |

Previous investigations, tests and further comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_