

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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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"/> Atopic Dermatitis | <input type="checkbox"/> Grenzay / Radiotherapy |
| <input type="checkbox"/> Aesthetics | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Ionto | <input type="checkbox"/> Hyperhidrosis |
| <input type="checkbox"/> PDT | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Skasses | <input type="checkbox"/> PUVA |
| <input type="checkbox"/> Transplant/Immunosuppressed | <input type="checkbox"/> Skin cancer assessment and Melanoma |
| | <input type="checkbox"/> Occupational Dermatitis |

Previous investigations, tests and further comments: _____

Signature: _____