

# LAKE KAWANA GENERAL PRACTICE

## SKIN CLINIC NEW PATIENT QUESTIONNAIRE

I understand that fees may apply for Skin Clinic Visits: Yes / No

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Contact Details:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Do you consent to SMS Reminders? Yes / No

Occupation: \_\_\_\_\_

Next of Kin/Emergency Contact: Full Occupation: \_\_: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do you consent to your NOK being a \*shared decision maker? Yes/ No

Medicare Card Number: \_\_\_\_\_ Ref Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

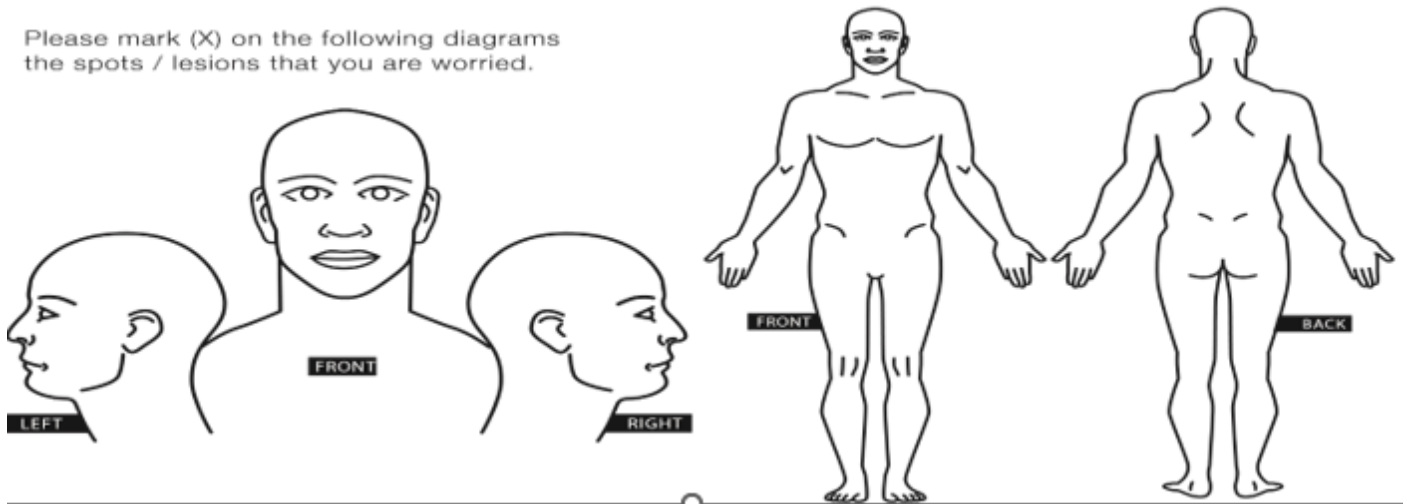
Pension / Health Care Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

DVA Card Number: \_\_\_\_\_ Colour: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander? Yes / No

1. Do you currently have any Spots or Lesions of Concern? Yes / No
2. Have you previously had any forms of Skin Cancer? Yes / No
3. Have you had anything related to your skin surgically removed? Yes / No
4. Do you have Family History of Skin cancer? Yes / No
5. Have you been badly sunburnt where you have blistered or peeled? Yes / No
6. Are you Pregnant or Breast feeding? Yes / No
7. Do you scar badly? Yes / No
8. Do you have any Medicine Allergies, or have had a drug reaction? Yes / No – If Yes: \_\_\_\_\_
9. Do you have/had any Heart problems? Yes / No – If Yes: \_\_\_\_\_

Please mark (X) on the following diagrams the spots / lesions that you are worried.



1. Do you have Hepatitis, HIV or Diabetes? Yes / No – If Yes: \_\_\_\_\_
2. Are you taking any Medication or blood thinners? Yes / No – If Yes: \_\_\_\_\_
3. Rate your sun exposure in the last 12 months Low / Medium / Severe / Extreme
4. Rate your sun exposure in the last 3-5 years Low / Medium / Severe / Extreme
5. Rate your sun exposure between the ages of 12–25 years old Low / Medium / Severe / Extreme
6. How did you find out about us? Friend / Family / Website / Doctor  
Other (please specify): \_\_\_\_\_

Doctors working at this clinic are General Practitioners with a Special Interest in the early detection and treatment of skin cancers. They have also obtained further training and skilling in skin cancer medicine. In order to check your skin thoroughly, the doctor will ask you to remove clothing. But leaving your undergarments (Bra, Underwear, Briefs) on and not to remove these. If you require your doctor to examine these areas within your undergarments, please discuss this with your doctor.

**I consent to: (please tick)**

- ( ) A full skin cancer check (excluding skin within undergarments)
- ( ) A partial skin check only.
- ( ) I undertake to follow up my pathology results by telephone and make necessary appointments.
- ( ) I take responsibility for any unchecked areas.
- ( ) I consent to having images / videos taken for my medical records and doctor education.
- ( ) This is a mixed billing Clinic. Private, out of pocket fees are charged. Please discuss with your doctor.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reception Initials: \_\_\_\_\_

**\*\*Shared decision maker acts on your behalf in the event you are unable to make decisions about your care\*\*\***