

A/Prof Stephen Shumack Dr Alvin Chia Dr Esther Hong
 Dr Gilberto Moreno Dr Andrew Lee

Mr/Mrs/Ms/Miss/Master/Dr First Name _____ Surname _____

Male/Female Date of Birth _____

Address _____

Suburb _____ Postcode _____

Telephone (home) _____ (work) _____ (mobile) _____

Email Address _____

Medicare Number _____ Patient Number _____

DVA/Pension Number _____ (Aged Pension Card Accepted ONLY)

If the patient is under 16 years – name of parent / guardian (for billing and claiming)

Name _____ D.O.B _____ Medicare Patient Number _____

THIS IS NOT A BULK BILLING PRACTICE

Please note that this is a private practice and fees are payable at the time of consultation

Patient Consent (Please read and sign)

This medical practice collects information from you for the primary purpose of providing quality healthcare. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose, treat and be proactive in your healthcare needs. We will use the information in the following ways:

1. Administrative purposes in managing our medical practice
2. Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
3. Disclosure to others involved in your healthcare, including treating doctors and specialists outside this practice as advised by you.

- I understand the reasons why my information must be collected
- I understand that I am not obliged to provide any information requested of me but that my failure to do so might compromise the quality of the healthcare and treatment given to me
- I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances
- I understand that if my information is to be used for any purpose other than the above, my consent will be sought
- I consent to the handling of my information by this practice for the purpose set out above, subject to any limitation on access or disclosure of which may notify this practice

Costs : Reception staff can quote consultation fees. All further treatments can be quoted by your Dermatologists.

Specimens removed during procedures are sent to a Pathologist for diagnosis and may attract an account for their services.

Signature _____ Date _____