

PATIENT REGISTRATION FORM

FAMILY NAME NHI.....

GIVEN NAME.....PREFERRED NAME.....

NAME OF GUARDIAN (If dependent/minor).....

ADDRESS.....

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TELEPHONE (Home).....(Work).....(Mobile).....

EMAIL ADDRESS.....

☐ Tick to not receive our email newsletter

DATE OF BIRTH.....

FAMILY DOCTOR.....Practice.....

OCCUPATION.....

MEDICAL INSURER Yes/No (Please circle) If yes which insurer.....

If Southern Cross: SC Member Number.....

REGULAR MEDICATIONS.....

.....

MEDICATION ALLERGIES.....

OTHER MEDICAL CONDITIONS.....

.....

HOW DID YOU HEAR ABOUT DR BEN TALLON or DR NICOLA ABBOTT

Internet Newspaper Friend Yellow Pages Referred by Doctor

AGREEMENT

I authorise the dermatologist or nurse my permission to obtain laboratory results and additional medical Information from my GP, the laboratory or other specialist, which may be required to complete your consultation.

The practice of dermatology involves an examination of the skin. In order to appropriately assess your condition the doctor or nurse may need to examine parts of your skin normally covered by clothing. Please feel free to request a chaperone if you require one.

Consultations will cost between \$145 and \$450. There may be additional costs for procedures at the time of the consultation. External laboratory charges may be issued by the laboratory for non residents and for special tests. By signing this form you agree to pay the amount due and any costs associated with recovery of any money owing by you to Ben Tallon Dermatology Ltd.

SIGNED..... DATE.....