Victorian Dermatology & Surgery

Dr Tim Rutherford (MBBS (Hons), FACD)
Dr Adam Sheridan (MBBS, FACD, FACMS)
Dr Edward Upjohn (MBBS (Hons), MMed, FACD)

Title: Dr / Mr / Mrs / Miss / Ms / Mast / Other ______ Sex: Male / Female ______

First Name: ______ Surname: ______ Preferred Name: ______

Address: ______

Suburb: ______ Post Code: ______

Date of Birth: ______ Occupation: ______

Phone: Home ______ Work ______ Mobile ______

Email: ______

Emergency Contact Name: ______ Relationship: ______

Contact Phone No: ______

Name of your GP (if different to referring doctor): ______

Clinic: ______ Phone: ______

Medicare Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **Ref No.** (next to patient name): ___

Private Health Insurer: ______ Membership No: ______

Pensions or Health Care Card No: ______ Expiry: ______

Veterans Affairs VX No: ______ Gold Card ☐ White Card ☐

PAST MEDICAL HISTORY	Yes	No
Eczema or Psoriasis	☐	☐
Skin Cancer (melanoma, BCC, SCC)	☐	☐
Bleeding Disorder	☐	☐
Diabetes requiring Insulin or tablets	☐	☐
Currently Pregnant	☐	☐
Current Anticoagulants (i.e. warfarin, Plavix, Iscover, Pradaxa)	☐	☐
Infectious Diseases (i.e HIV, Hep B/C, MRSA, Tuberculosis)	☐	☐
Cardiac Pacemaker	☐	☐
Allergies Please Specify: ______	☐	☐
Have you travelled overseas in the past month? Please Specify: ______	☐	☐

About your personal Health Information

The personal health information that you provide during your consultation and subsequent treatment will be collected for the purpose of providing you with high quality health care. Our policy is to protect your privacy and this information will only be disclosed to other health care workers where necessary or required under legislation. Medical photography may constitute part of your medical record but may also be used for medical education purposes.

I agree and consent to my health information being used in accordance with the Victorian Health Records Act, 2001.

Signature: ______ Date: ______

** PLEASE NOTE: In order to obtain Medicare Rebates you are required to have a valid referral for each appointment. If you are unsure if your referral is valid please ask reception staff.

Payment must be made on the day of your consultation via EFTPOS, Credit Card, Cash or Cheque.

Outstanding accounts referred to our debt collecting service will incur a debt collection fee. By signing this form is you are consenting to our payment policy.