

QUEENSLAND SUN
Skin Cancer Clinic



New Patient : General Information

Medicare Number ¹	Ref No ²	Exp Date ³
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Pension/DVA Number	Exp Date
Health Card Number	Exp Date
Seniors Card Number	Exp Date

Title	Mr	Mrs	Miss	Other
Given Name			Surname	
Middle Names			Preferred name?	

Date of Birth / /	Marital Status
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Street Address		
City/Suburb	State	Postcode

Home Ph	Work Ph	Mobile
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Email (leave blank if rarely checked)

Emergency Contact	Phone
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New Patient : Medical Information

Name	DOB
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Please list any medical conditions

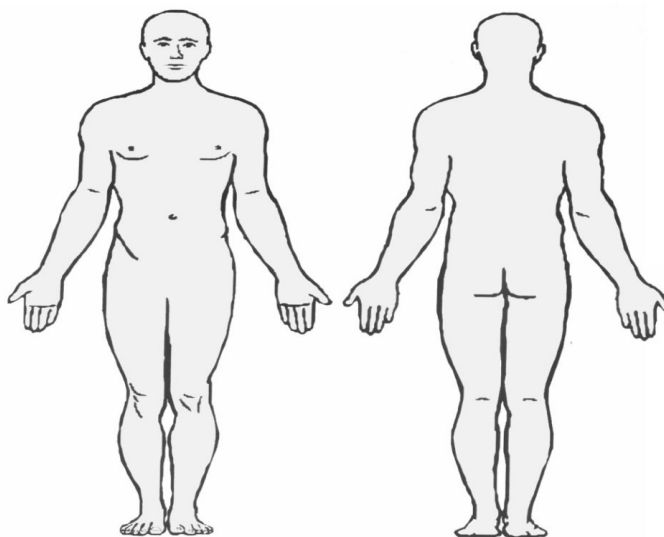
Are you allergic to any medications, sticking plasters or antiseptic solutions		
Yes	No	Details

Do you have an implanted electronic device e.g. pacemaker ?	Yes	No
Women only: Are you pregnant or breast feeding?	Yes	No

Do you have a past history of					
Spots frozen off	Yes	No	Skin cancers cut out	Yes	No
Suspicious moles cut out	Yes	No	Melanoma surgery	Yes	No

Do you have a family history of melanoma (parent or sibling)	Not sure	Yes	No
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Please mark on the diagram any areas you are worried about at the moment



A full skin check is an examination of all sun exposed areas. It is preferable to wear loose clothing. If not, you might be asked to remove some of your clothing. Don't forget to mention to the doctor if there are any spots in hidden places – remember you can get skin cancer in areas that are not directly exposed to the sun.

Would you like a full skin check?	Yes	No
If not , what areas would you like checked?		
Would you like a reminder when your next skin check is due?	Yes	No