

PATIENT REGISTRATION FORM

Welcome to the Sydney Dermatology Group.

Please read and complete all sections, including the Privacy and Fees section at the end. Please feel free to speak to our receptionist if you have any queries.

☐ MR ☐ MRS ☐ Ms ☐ Miss ☐ MASTER ☐ OTHER.....

Family Name :	Given Names :	Date of Birth :
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Medicare No. :	Number Next to Name :	Valid to :
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Home Address :

Postal Address : (if different from home address)

Home Phone :	Mobile :
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Email :	Occupation:
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DVA Number : (if applicable)	Pension :
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Contact Person in Case of Emergency	
Name :	Relationship :
Mobile :	D.O.B: (for caregivers of patients under 14):

Are you taking medications? ☐ No ☐ Yes, please list: _____

Are you taking Aspirin, Warfarin, or blood thinners? ☐ No ☐ Yes, please list: _____

Are you allergic to any medications? ☐ No ☐ Yes, please list: _____

PRIVACY POLICY

Sydney Dermatology Group is collecting your health information to provide you with the appropriate medical care. A copy of our privacy policy is available online

By signing below, you consent to the following:

- I allow the doctors and staff of this practice to access information relevant to my medical conditions.
- I understand that information may be shared with my referring doctor or other healthcare providers, when necessary for my care.
- I acknowledge that my clinical records may be accessed by staff within this practice for treatment and administrative purposes.
- I understand that my information will not be disclosed to third parties without my consent, unless required or authorised by law.
- I acknowledge that my information may be used to process Medicare, DVA, and ADF claims.
- I declare that, to the best of my knowledge, the information I have provided is accurate

Signature: _____ **Date:** _____

FEES

This is a private practice and we do not bulk bill. The fees charged by this practice are generally lower than those recommended by the Australian Medical Association and are payable at the time of consultation.

Our reception staff can provide guidance on standard consultation fees. **Any further procedures or testing will be additional to the consultation cost.** If a biopsy or surgical procedure is required, the specimen will be sent to a specialist pathology provider for analysis, which will incur additional costs.

Sydney Dermatology Group provides facilities for independent practitioners who autonomously determine their fees. While we may provide indicative fee estimates, the final fee is at the discretion of your doctor.

Non-attendance at an appointment may result in a cancellation fee being charged.

The following payment methods are available: Cash Cheque Debit and Credit Cards (No Amex)

By signing below, you consent to the following:

- I understand that payment of my account, in full, is my responsibility and that Medicare might not cover the total amount invoiced. I am responsible for any further costs that might be incurred resulting from not paying my account in full by the due date.
- I understand that there may be additional charges incurred during my consultation, including procedure & pathology testing.

Signature:

Date:

ACCOUNT HOLDER FOR PATIENTS UNDER 14

Name :

Relationship :

Mobile :

D.O.B:

Address:

Medicare no. :