

Clifton Hill Dermatology

Dr Barbara Breadon

Dr Karen Wolfowitz

Patient Details

Surname _____ Given Names _____

Preferred Name _____ Title _____ D.O.B _____ Age _____

Address _____

Home _____ Mobile _____ Work _____

Email address _____

Medicare number _____ Ref _____ Expiry date _____

DVA number (if applicable) _____ Expiry date _____

Occupation _____

Referring Doctor _____

How did you hear about our Clinic? _____

Do you have a family history or personal history of melanoma? _____

Do you have any medical problems e.g.: diabetes, heart problems, irregular heartbeat etc.?

Are you currently taking any medications? If yes, please list: _____

Are you routinely taking blood thinning medication ie: Aspirin, Warfarin, Plavix, Heparin, etc?

Have you ever taken cortisone orally? _____

Do you have any bleeding or healing problems? _____

Have you ever had a reaction to local anaesthetic/any medication? _____

(Females only): Are you pregnant, breast feeding or on the oral contraceptive pill?

Do you or did you ever smoke? _____

Is there anything about your health that may be important? _____

CONSENT FORM

SURGICAL PROCEDURES

A biopsy is a surgical procedure used to obtain a sample of tissue for diagnostic purposes. The entire lesion may/may not be removed in this procedure. Further medical or surgical treatment may be needed when the diagnosis is made. Surgical procedures will incur additional costs. A quotation can be requested.

There is a risk that a surgical procedure may be complicated by wound infection, bleeding, bruising, scarring, including keloid and hypertrophic scarring, stretching of the wound, hypopigmentation or hyperpigmentation. Please feel free to discuss these complications with your doctor during the consultation.

Local anaesthetic will be used with this procedure. Please inform staff if you have had a previous adverse reaction to local anaesthetic (Lignocaine/Adrenaline).

I agree to the terms and conditions above:

SIGNATURE: _____

IMAGING

Imaging of lesions use a Molemax machine may be recommended during your consultation in order to monitor these lesions in future. The maximum charge for photographs would be \$100. These images may be used anonymously for educational purposes.

I agree to the terms and conditions above:

SIGNATURE: _____

DATE: _____

PRINT NAME: _____