



Kaleidoscope Skin Clinic

Patient Registration Form

Patient' full name: _____

Consent to collection of information

Coral Coast Skin Pty Ltd, trading as Kaleidoscope Skin Cancer Clinic (KSC), is committed to protecting the privacy of our patients. By completing this form, you give consent to KSC to collect and securely store your contact details, information about your medical history and risk factors for skin cancer. All information, including photographs and test results, is securely stored in electronic and hardcopy form, in compliance with Australian Law. If you don't provide accurate or complete information, it may affect our ability to detect and treat skin cancer and other medical conditions. The information helps KSC staff plan suitable tests, treatments and screening to ensure we provide a high standard of care. Sensitive information collected is kept strictly confidential and used only for the medical and health care of patients, financial and billing purposes, or as required by law. For example, sometimes we need to share your information with other health professionals, Medicare and your insurance company (on your request). Medical data and information may also be used for professional development of KSC staff or research purposes, but all identifying information will be removed where possible. For more information about what information we collect, how it is securely stored and the circumstances in which it might be disclosed, you can read our full Privacy Policy at www.ksc.com.au/privacy-policy/

Consent for Electronic Communication

KSC staff may at times contact you via telephone, SMS, post or email regarding appointment reminders, general communication with clinic staff, or to provide medical information and advice. If the matter is urgent, we reserve the right to contact you by any means. On occasion, Kaleidoscope Skin Cancer Clinic also uses email and SMS to inform our patients about KSC news, education and community events.

Please tick to confirm the following:

<input type="checkbox"/> Yes	Please send me SMS reminders about appointments and notifications if the clinic is running late
<input type="checkbox"/> Yes	I would like to receive KSC's e-newsletter, SCOOP, via email (maximum 6 emails per calendar year) Email: _____
<input type="checkbox"/> Yes	I authorise KSC to contact me via the email, telephone and postal address/es I have provided below, regarding my medical appointments and general communication.





Kaleidoscope Skin Clinic

Late arrival and no-show policy

KSC appreciates the value of your time, so we try to ensure that all appointments are on time and provide notification if we are running late. If you arrive late, we will do our best to provide a full and thorough service. However, as a courtesy to the next patient, your appointment duration may be reduced or rescheduled. If you cancel at late notice or fail to attend your appointment, someone else may miss out on the opportunity to have a skin cancer diagnosed and treated, and we may charge you a non-attendance fee. Our full cancellation policy can be found on our website www.ksc.com.au/billing-cancellation-policy/

Appointment Confirmation

You will be sent appointment reminders to your nominated mobile number for future appointments. You will be required to confirm your intention to attend.

IMPORTANT: If you do not confirm your appointment, your appointment time may be offered to another patient.

Fees

KSC is a mixed billing clinic, offering concessional rates to pensioners, DVA card holders, concession card holders and children. Information regarding our fees and services can be found on our website at www.ksc.com.au/detection-treatment/

How did you hear about KSC (please circle)

Facebook Word of Mouth Google search Crush Magazine

Radio News media My GP/doctor: _____

Street frontage/signage

_____ Date: _____/_____/20_____
Signature

By signing this form, you certify that you have answered all questions truthfully and correctly to the best of your knowledge, and you understand and accept Kaleidoscope Skin Cancer Clinic's policies.





Kaleidoscope Skin Clinic

Personal information and contact details

Mr / Mrs / Ms / Miss. / _____

Given name / first name(s):

Family name / surname:

Preferred name:

Date of birth: ____/____/____

Gender: Female Male Prefer not to say

Address:

Suburb

Email address: _____

Mobile Phone:

Day time phone: Home Work

Medicare no:

Expiry: ____/____/20____

Position on Card: ____

Pension / Health Care Card no:

Expiry: ____/____/20____

Veterans Affairs no:

Expiry: ____/____/20____

Gold White

Private Health Insurance:

Membership No:

Emergency Contact
Name:

Relationship:

Phone:

Current GP

Dr name: _____

Clinic: _____

Phone: _____

