

Date...../...../.....



**Patient details:**

Please circle: Mr Mrs Ms Miss Master

Full Name: .....

Date of Birth: .....

Country of Birth: ..... Ethnicity: .....

Occupation: .....

Street address: .....

Suburb: ..... Postal code: .....

- Mobile: .....
- Home: .....
- Work: .....
- Email: .....

Tick box if you're happy for us to contact you via Email for results or reminders

**How did you hear about our clinic?**

Media / Facebook / Google / Referral / Word of Mouth / Other : .....

**Insurance type:**

Southern Cross / Sovereign / Partners Life / NIB / No insurance / Other:  
.....

**Next of Kin (emergency contact):**

- Name: .....
- Relationship: .....
- Contact number: .....

**Doctors information (Your GP):**

- Name of GP: .....
- GP's Address: .....

I would like my GP to be informed in regards to my consultations and results?

Have you or your family ever had a history of skin cancer? If yes, please specify below:  
.....  
.....

Have you EVER used a sunbed? .....

Are there any lesions on your genitals that you are concerned about? .....

Do you have any particular spots that you are concerned about? If yes, please specify where and for how long:

.....  
.....

Have these spots had any of the following features (if so, please circle)

- |                  |                       |
|------------------|-----------------------|
| - Changed colour | - Bleeding            |
| - Changed shape  | - Tingling            |
| - Become raised  | - Persistently crusty |
| - Become darker  | - Not healing         |
| - Itchy          | - Sensitive to touch  |
| - Reddened       | - Increased in size   |

Past health history: (any notable health events, diseases, surgeries etc.)

.....  
.....

Allergies: .....

.....

Medications: .....

.....

Have you ever been diagnosed with a contagious infection (for example, HIV)? If yes, please specify below:

.....  
.....

I consent to my images and/or clinical information being used for training and research purposes (no personal identification will be used).

Should you require a report or copy of images, there will be a \$49 charge.

**Declaration:**

I declare that the above information is, to the best of my knowledge, true and correct. I understand that all due care is taken by NZ Skin Health's clinicians in detecting skin cancers, and NZ Skin Health and its employees will not be held liable for any misdiagnoses.

Signed.....

Date...../...../.....