Riverina MOLE CHECK

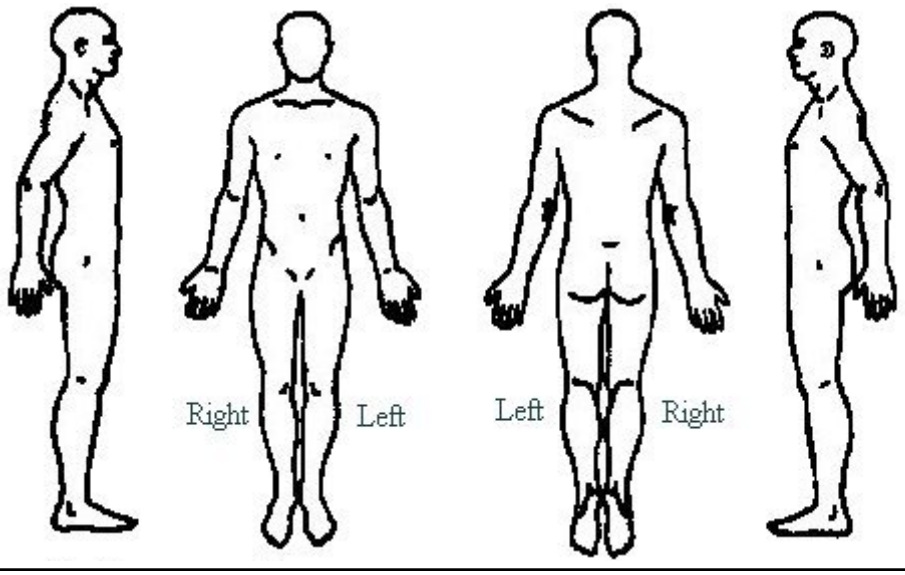
Knowledge and Prevention of Skin Cancer

Using the latest in digital Dermoscopy

Please tick any of the following apply to you. If in doubt, please tick (Yes) and discuss it with your doctor.

1. Are pregnant or breast or breast feeding? ☐ Yes ☐ No
2. Are you allergic to any medications, sticking plaster or antiseptic solutions? ☐ Yes ☐ No
3. Do you have or have you had a heart condition, a pacemaker, heart operation or heart valve problems? ☐ Yes ☐ No
4. Do you have asthma, bronchitis, emphysema or breathing difficulties? ☐ Yes ☐ No
5. Do you have Hepatitis or HIV? ☐ Yes ☐ No
6. Have you had a malignant melanoma in the past? ☐ Yes ☐ No
7. Is there any history of malignant melanoma? ☐ Yes ☐ No
8. Have you had a skin cancer before? ☐ Yes ☐ No
9. Is there anyone in your family who has had skin cancer? ☐ Yes ☐ No
10. Are you taking or regularly take aspirin, warfarin, blood thinners, steroids, or pain medications? ☐ Yes ☐ No
11. Do you scar badly? ☐ Yes ☐ No
12. Are you a diabetic? ☐ Yes ☐ No
13. Do you have high blood pressure (hypertension) ☐ Yes ☐ No
14. What is your occupation at present? ☐ Yes ☐ No
15. What was your past occupation? ☐ Yes ☐ No
16. I have had blistering sunburn more than 5 times? ☐ Yes ☐ No
17. My sun exposure in the past is ☐ low ☐ medium ☐ high

1. Do you have any skin mole/s, lumps (including birthmarks) that you would like a doctor to check? ☐ Yes ☐ No
2. Do you have any new moles or changing moles? ☐ Yes ☐ No
3. My last skin cancer check was approximately ☐ months ☐ years ago.
4. Where are they on your body, please indicate with an x on the diagram below



Doctors working at this clinic are General Practitioners with a special interest in the detection and treatment of skin cancer. In order to check your skin properly the doctor will ask you to remove clothing leaving your undergarment(s) on. If you require the doctor to examine the are under your undergarments, please discuss this with the doctor. No results from pathology tests area given out over the telephone. You will be required to make an appointment to see a doctor to discuss results.

Doctors practicing at this clinic recommend full skin checks. Please choose whether you would like a full a partial skin check.

I consent to:

- ☐ A full skin check (excluding skin behind undergarments):
- ☐ A partial skin check and I have listed the sites I wish checked within the previous page:
- ☐ Procedure(s) based on today's examination you might need to undergo treatment in the form of cyrotherapy, electrotherapy, shave biopsy, and excision biopsy or radical treatment.

- ☐ I undertake to make an appointment to follow up on my pathology results.
- ☐ I take responsibility for any unchecked areas.

Signature: .....

SURNAME:		
GIVEN NAMES:		
TITLE:	DATE OF BIRTH:	
ADDRESS:		
CONTACT PHONE NUMBERS		
HOME	WORK	MOBILE

Privacy Statement

Dear Patient:

Your doctor will make independent professional decisions to optimise your clinical outcome.

We value your privacy. All information about you, held at this practice, is kept in the strictest confidence.

With the introduction of the Privacy Amendment (Private Sector) Act 2000 in December 2001, we remain committed to protecting your privacy and are now requesting your express consent for the use and disclosure of your personal health care, access to your personal health information is necessary to continue the high standard of service you have come to expect from us. Access to this information may be required directly or indirectly by other health care providers such as pathology services, pharmacists, specialists and health care facilities such as hospitals, disease monitoring agencies and Medicare.

Your personal health information will not be sold by this practice to marketing companies and cannot be used for the purpose of promoting non-health related products or services.

I consent to the disclosure of my personal health information by doctors practicing in Riverina MoleCheck to other health care providers directly or indirectly involved in my personal health care or medical treatment. I consent to de-identified data (including, without limitation, photographs of my skin and any skin cancers) being used for medical training and medical research by Riverina MoleCheck and such data being provided to third parties for these same purposes.

PERSONAL DECLARATION

Signature: .....

Printed Name: ..... Date: .....