

PATIENT INFORMATION

Personal Information

Surname:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Names:	Date of Birth:
Blood Group (if known):	Allergies:
Occupation:	

Contact Information

Residential Address:	
Suburb:	Postcode:
Postal Address: <i>(if different to above)</i>	
Suburb:	Postcode:
Phone:	Mobile:
Email address:	

Next of Kin / Emergency Contact Person

Surname:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Names:	Phone:
Relationship to you:	Mobile:

GP Information and Authorisation

Doctor's Name:	
Clinic Name:	Phone:
Address:	
Suburb:	Postcode:
I <input type="checkbox"/> do / <input type="checkbox"/> do not authorise Good Skin Care to contact my General Practitioner and disclose relevant medical information as required. <i>(check as appropriate)</i>	

Before & After Photographs

I understand that my depersonalized (unidentifiable) Before & After photographs may be used as treatment examples on facebook / twitter and in Case Studies SIGNED:-	date:-
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Reminder Systems

We provide reminders for certain events by SMS and Email, including appointments and prescription expiry.

Do you consent to SMS contact from the clinic?

Yes No

Do you consent to Email contact from the clinic?

Yes No

Signed: _____

Date: _____

How did you find out about our clinic?

- | | | | | |
|--|----------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Website | <input type="checkbox"/> Doctor's Referral | <input type="checkbox"/> Magazine / Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> White Pages | <input type="checkbox"/> Sign | <input type="checkbox"/> Leaflets/flyers/brochure | <input type="checkbox"/> Other (please describe)..... | |