

Information in preparation for your appointment



Your details

Full name		Date of birth	
Title (Mr/Mrs/Ms/Dr, etc.)		Preferred name	
Woman	Man	Non-binary	Prefer not to say Or specify
Address			
Suburb		State	Postcode
Occupation		Employer	
Email address			
Telephone	Home	Work	Mobile
Which of the above is your preferred phone number to contact regarding results, recalls or an appointment?			
Emergency contact name			Contact number
Were you referred/recommended to the clinic? If so, by whom?			
Medicare number		Reference number	Expiry

Reason for visit/areas of concern (please select all relevant)

Injectables (fillers/antiwrinkle)	Skin lesions/Spots	Acne
Rosacea/Redness/Broken capillaries/Flushing	Pigmentation	Skin quality/Rejuvenation
Other (please give a brief description)		

Medical details

Please provide details of your medical history (including any history of skin cancer)	
Are you on any medication at present? If yes, please provide details	
Do you have any allergies? If yes, please provide details	
History of cold sores? Yes No	Are you pregnant/breastfeeding? Yes No

Active skin problems? (e.g. Rosacea, Acne, Eczema)

Do you have any active skin problems? If yes, please provide details