



skinsite

Registration Form

It would be helpful if you are able to complete this form prior to your appointment so that we can ensure we have your correct details.

Name _____	
DOB _____ Address _____ _____ _____ Postcode _____	Phone: Cell _____ Home _____ Work _____ Email _____ Ethnic Group _____ Language Spoken _____ Interpreter required _____ Y/N <small>(Interpreter services can be arranged prior to appointment)</small>
NZ Resident _____ Y/N NHI Number (if known) _____	Emergency contact person Name, Address, Phone _____ _____ _____ Relationship to Patient _____
Family Doctor _____ Address _____ Phone _____ Health Insurer _____ Membership number _____	Medical Conditions: _____ _____ _____ _____
Medications: _____ _____ _____ _____	Do you: a. have drug allergies? _____ Y/N b. take blood thinners? _____ Y/N c. have an allergy to iodine? _____ Y/N d. have a pacemaker? _____ Y/N
Have you had skin surgery? _____ Y/N Is there a history of melanoma or skin cancer in the family? _____ Y/N	
<ul style="list-style-type: none"> • Digital photography is extremely useful in detecting melanoma, monitoring skin treatments and teaching. Do you agree to any photos obtained being used for these objectives? _____ Y/N • Do you agree to receive text messages _____ Y/N • How did you hear about us? _____ 	
Signed _____ Date _____	