DR JEREMY BANKY
DERMATOLOGY
MBBS (Hons) FACD FACMS

General Dermatology
Skin Cancer Treatment
Mohs Micrographic Surgery
Cosmetic And Laser Procedures

Confidential Patient Information - New Patients

Personal Details

(Please circle) Mr / Mrs / Master / Miss / Ms / Dr / Prof / Other

Surname: _____ **Given Name:** _____

Date of Birth: _____/_____/_____ **Preferred Name:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Email: _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

SMS: Would you like to receive SMS reminders? ☐ Yes ☐ No

Next of kin details (family member or friend)

Name: _____ Relationship to you: _____

Contact number: _____

Medicare Number: _____ **Ref No:** _____ Exp Date: _____

Private Health Insurance (Hospital Cover): ☐ Yes ☐ No

Private Health Fund Name: _____ Membership Number: _____

Concession Cards:

Aged or Disability Pension No: _____ Exp Date: _____

Dept. Veterans Affairs Card No: _____ ☐ White ☐ Gold Exp Date: _____

Health Care Card No: _____ Exp Date: _____

Usual GP:

Name: _____

Practice details: _____

Are you allergic to any medicines, tapes or latex: ☐ Yes ☐ No

If yes, please specify: _____

PLEASE COMPLETE OVERLEAF

T (03) 9519 9500 F (03) 9038 4469 E info@jeremybanky.com.au W www.jeremybanky.com.au
Argus address argus@jeremybanky.com.au
All correspondence to main rooms - 156 Glen Eira Road, Elsternwick. Vic 3185. Provider No. 231710GX
Also consulting at - 366 Stephensons Road, Mount Waverley. Vic 3149. Provider No. 231710EY

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Authorisation And Consent To Photography

I, _____ _____ hereby consent that photographs be taken of me by Dr Jeremy Banky.

Dr Jeremy Banky at all times respects patients right to privacy and informed consent for procedures within the practice including photographic records. I understand that these photographs form an essential part of my medical record as well as my preoperative and postoperative assessment.

I understand and consent to my photographs being used by Dr Jeremy Banky for medical research, teaching and or patient education purposes.

I understand that I will not be identified by name in any such use of these photographs, however in some circumstances the photographs may portray features that shall make my identity recognisable.

I give permission for Dr Jeremy Banky and Masada Private Hospital staff to contact me by telephone and if necessary leave a message.

I have read all of the above and all my questions have been answered.

Signature: _____ Date: ___/___/_____

Health Records Act 2001 Collection Statement

Dr Jeremy Banky is collecting your health information for providing you with health services. Please read and sign to give approval for this information to be collected and stored. Your medical information will be used exclusively for providing health care in the following way:

- *To gain a history, diagnose disease and provide treatment where necessary;*
- *Administrative purposes in running this Practice, which may also include confirmation of your appointment.*
- *Writing reports to your Doctor and other Doctors involved in the provision of healthcare, and the storing of reports provided to this Practice by other Medical Specialists; and*
- *Billing and collection purposes, including but not limited to compliance with Private Health Fund, Medicare and Health Insurance Commission requirements. You may gain access to your health information by writing to us. If you do not consent to providing us with your health information we may be unable to provide you with health services.*

I consent to Dr Jeremy Banky collecting my health information.

Signature: _____ Date: ___/___/_____

How did you hear about Dr Jeremy Banky?

☐ Referred by Doctor ☐ GP or ☐ Specialist

☐ Website – www.jeremybanky.com.au ☐ or Australasian College of Dermatologists Website

☐ Google ☐ Yellow Pages ☐ White Pages ☐ Personal recommendation: _____

☐ Other: _____

All Consultations Are Payable At The Time Of Service

Unfortunately, we do not bulk bill, however for your convenience we can accept EFTPOS, Visa, MasterCard, cheque and cash.

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