

Patient Registration form



Title: _____ Surname _____ (as appears on Medicare Card)

First Name: _____ Preferred name: _____

Occupation: _____

Date of Birth ____ / ____ / ____ Email address: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone - Home: _____ Work: _____ Mobile: _____

Medicare # _____ Reference # _____ Expiry Date: _____

DVA (Dept of Veteran Affairs) Card _____ DVA Card Colour: Gold/White

Pension Card # _____ Expiry Date: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Name of Account Holder: _____ Date of Birth _____

(Only required for children under 18)

Medicare # _____ Reference # _____ (# next to your name)

If your usual GP is **NOT** the referring doctor or you have a specialist you would to include in any correspondence /reports/ pathology to him/her please provide details.

Doctors names, clinic & address:

Specialist names, clinic & address:

Do you consent to medical photography? (please circle) Yes / No

Our doctors may take imaging of your skin to monitor changes, during your consultation. These images will be used exclusively for monitoring purposes and will form part of your confidential medical records. In some cases particularly for ongoing monitoring of moles we may use secure cloud – based medical imaging system (Fotofinder Skeen) accessible only to clinicians involved in your care.

Do you consent to the use of an AI assisted medical scribe? (please circle) Yes / No

Atlas Dermatology may use an AI-assisted medical scribe during consultations to help document clinical notes. This system assists the doctor in preparing accurate medical records. No recordings are stored and all information remains confidential and part of your medical records.

Do you consent to receiving results via SMS? (please circle) Yes / No

Please turn over →

Consents

Services performed:

During your initial and follow up consultations, the Dermatologist may recommend treatment(s) to be carried out on the same day. Services and treatments (eg. biopsies, injections etc) carried out may incur further costs on top of the consultation fee. Payment is due on day of service.

FEES: (as of 2026)

Initial consultation / Long term review / Full skin check / Biologics review	\$370.00	Shave Biopsy (1 sites)	\$150.00
Long appt initial /Review >25 min	\$450.00	Shave Biopsy (2 sites)	\$225.00
Short term follow-up	\$300.00	Punch Biopsy	\$170.00
Hair – initial long appt (Fotofinder Skeen Trichoscopy)	\$500.00	Follow up wart / Molluscum treatment	\$85.00
Hair - Initial short appt (Fotofinder Skeen Trichoscopy)	\$400.00	Cryotherapy from	\$95.00
Connective Tissue Disease - Initial long	\$500.00	Cortisone injections from	\$180.00
Complex Site/Anogenital Biopsy	\$220.00	Full body photography	\$160.00

If you do not wish to proceed with these treatments, please inform your Dermatologist prior to these treatments being carried out. I have read and understood the above information. I am aware that additional services and treatments performed may incur fees on top of the consultation fee.

All pathology services (biopsies, scrapings etc) may attract an additional charge. This will be invoiced to you directly by the Pathology company.

24 HOUR CANCELLATION POLICY:

A \$100 cancellation fee may apply for cancellations within 24 hours of the appointment time or if you fail to attend without a valid reason. Changing of appointments within 24 hours will require a deposit of the full consultation fee of your next appointment. By signing this form you acknowledge that you have read and understood our cancellation policy.

PRIVACY POLICY:

Consistent with our commitment to quality care, Atlas Dermatology has developed a policy to protect patient privacy in compliance with privacy legislation. Your personal details and medical history (this may include imaging of your condition) will be obtained. We take your privacy seriously. **Further information about our privacy policy is available in our website.**

FINANCIAL CONSENT:

By signing this form, you consent to the private billing charges which are listed above. All accounts overdue for 60 days will be referred to our debt collection agency. In the event where your overdue account is referred to our collection agency and/or law firm, you will be liable for any additional costs incurred.

I have read and understood the above information. I am aware that the account is payable on the day of consult and extra charges would be incurred if the debt is referred to a collection agency

Atlas Dermatology collects information from you, for the primary purpose of providing quality health care. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice, which may include confirmation of your appointment
- Disclosure to others involved you're your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors or for medical tests and in the reports of results returned to us following the referrals.
- Billing purposes within our practice and with Medicare
- Emergency situations whereby medical officers/hospitals may require access to patient notes for treatment.
- To comply with any legislative or regulatory requirements e.g. Infectious diseases etc
- For reminder letters or SMS which may be sent to you regarding your health care management.

I have read and understood the above information. I am aware that my information will be collected for the above-mentioned purposes.

Patient / Guardian signature: _____ Date: ____ / ____ / ____