

Victoria University Dermal Clinic

INITIAL VISIT CLIENT INFORMATION

Name and details

First name:	Surname:
Preferred name:	Date of birth:
Titles:	Personal pronouns:
Phone number:	Email:
Suburb:	Postcode:
Emergency contact name:	Emergency contact phone:
Relationship to you:	

General Practitioner details

Practice name:	Address:
Name of practitioner:	Phone number:

If you are under the age of 16

Parent/Guardian name:	Phone:
Relationship to child:	Email:

Answers to the following would be helpful

Are you Indigenous or Torres Strait Islander?	Yes	No	
Do you speak a language other than English at home?	Yes	No	Language:
What is your highest level of education?			
Do you require assistance with translation/communication of information?	Yes	No	Language:
What is your occupation?			
Are you a Victoria University staff member?	Yes	No	
Are you a Victoria University student?	Yes	No	
Are you a Victoria University Alumnus?	Yes	No	
Do you have a low income, seniors or pension card?	Yes	No	

How did you find out about the Victoria University Dermal Clinic?

What is/are your reason/s for seeking the assistance of the student Dermal Clinicians?

Hair reduction	Pigment	Hair loss	Skin disorder/disease
Nail condition	Tattoo removal	Skin health (general)	Cellulite/Adipose
Sun damage	Wound/Scar	Vessel/Veins	Swelling

Skin management

What are you currently applying to your skin? Please tick if you are using any of these products and provide any information on brands that you can. Providing the student dermal clinicians with an indication of what your normal routine is with skin care is very helpful.

Skin care morning

Cleanser	
Serum/Active (other)	
Moisturiser	
Sunscreen/block	
Make up	
Prescription skin products (prescribed by a doctor)	

Skin care evening

Cleanser	
Serum/Active (other)	
Moisturiser	
Prescription skin products (prescribed by a doctor)	

Do you? Do you do any of the following on a regular basis?

Sun tan	Dermal filler injections	Beauty treatments
Fake tan	Muscle relaxant injections	Dermal therapy treatments

Do any of the following apply to you?

Medications and supplements

have you been prescribed or use any of the following?

Blood thinning medication or herbal supplements	Hormone therapies	Atypical skin lesions	Thyroid conditions
Blood clotting medication	Contraceptive medication	Varicose veins	Heart conditions
Prescription pain medication	Anti-depressants	Cellulitis	Breathing conditions
Prescription topical Steroids	Anti-convulsants	Deep Vein Thrombosis	Blood borne infections
Prescription oral steroids	Chemotherapy	Pregnancy/Lactating	Viral and Bacterial infections
Prescription anti-inflammatory medication	Radiation therapy	Soft tissue tumours	Major surgery

Medical conditions

Have you been diagnosed or experienced any of the following?

Antibiotics	Nicotine, Smoking	Inflammatory skin condition	Automimmune disease
Prescription Vitamin A Eg Tretinoin or Roaccutane?	Recreational drugs and alcohol	Diabetes	Cancer
		Allergies	Bruising

We endeavour to create and foster a healthy working relationship with you as a client of our service. However, aggressive or abusive speech or behaviour towards staff, students, other clients or carers will not be tolerated. Generally offensive or objectionable behaviour will lead to a request for the behaviour to cease. If this request should be disregarded, you will be asked to leave the clinic. The Clinic reserves the right to refuse further treatment to any individual who has previously exhibited aggressive or abusive behaviours towards staff, students, other clients, carers or members of the public.

Consent to collect personal Information

Consent is required for the collection of personal information about you.
Please read the information contained in this form carefully, sign, and date where indicated.

The Victoria University Dermal Clinic collects information from you for the primary purpose of providing quality care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive about your health care needs

This clinic has implemented policies in accord with the Health Records Act 2001, The Privacy and Data Protection Act 2014 and the Information Privacy Act 2002. Every effort has been made to uphold the spirit and intent of these three Acts. A Policies and Procedures Manual has been written and all students, supervising practitioners and other practice personnel have been notified and given a copy of the Policies and Procedures Manual.

The Victoria University Dermal Clinic will use the provided information in the following ways:

1. Administrative purposes in running our practice
2. Billing purposes.
3. With your approval, disclosure to others included in your health care, including treating GP's, other health care providers or specialists outside of this practice. This may occur through referral to other practitioners, the ordering of medical tests or the presentation of reports.
4. Disclosure to other practitioners/students within this practice for the purpose of patient care and teaching. Please let us know if you do not want your records to be used for such purposes and we will note your record accordingly.
5. Disclosure for research and quality assurance to improve individual and community healthcare and management. Please Note: You will be informed when such activities are being conducted and given the opportunity to decline in any involvement.
6. It is important to us that your expectations about the way in which we handle your information are the same as ours. If you have any concerns, questions or complaints about any issues related to the privacy of your personal information please do not hesitate to discuss them with us. You may contact the Clinic coordinator Dermal Therapies Practice Clinic on 99197897 or alternatively ring the Privacy Hotline on 1300 363 992.
 - ◆ I have read and understood the above information. I have also been made aware that this clinic has a privacy policy on handling patient information.
 - ◆ I understand I am not obliged to provide any information requested of me, but my failure to do so may compromise the quality of health care and treatment provided.
 - ◆ I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances.
 - ◆ I understand that if my information is to be used for any other purpose other than those set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purpose set out above, subject to all limitations on access or disclosure that I give notice to this practice

If you have further questions please contact the clinic reception.dermal@live.vu.edu.au or 03 9919 7897

Signature client

Name:	Date:	Signature:
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Signature Legal Guardian (if required)

Name:	Date:	Signature:
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