



Name*	Surname/Family Name		First/Given Name	
	Title	Preferred Name		
Birth Details*	Day / Month / Year of Birth			
Address*	House number and Street Name		Suburb	Town/City/Postcode
Contact Details*	Mobile Phone			
	Email address			
Next of Kin/ Emergency contact*	Name		Relationship:	Phone:
Do you permit us to contact you by text or email for things such as appointment reminders/results?				
Text: Yes No Email: Yes No				
Current GP				
Current Medical Centre				
Please tick if you DO NOT want a copy of the letter to be sent to your current GP				

Medications

Medication:
Please list all medications below including any vitamins and supplements you have taken in the last month

Allergies:
Do you have any drug allergies/sensitivities?

Medical History

Medical History:		
Please tick any of the following conditions that you currently have or have had in the past:		
High Blood Pressure	Heart Attack	Peripheral Vascular Disease
Varicose Veins	Stroke	Immune Compromise
Bleeding Disorders	Heart Failure	Organ Transplant



Blood Born Infection e.g Hep B/C/HIV	Yes	No
Cancer treatment: <i>(tick)</i>		
Surgery	Chemotherapy	Radiotherapy
Other:		
Are you a current smoker?	Yes	No
Do you have any implantable devices? <i>(tick)</i>	Joint Replacements	Cochlear Implants
	Cosmetic Implants	Pacemaker/ICD
	Other:	
Have you ever had a keloid scar/hypertrophic scar/bad scarring?	Yes (list details below)	No
Have you ever had Skin Cancer?	Yes (list details below)	No
Has anyone in your family been diagnosed with Melanoma?	Yes (list details below)	No
How many sunburns have you had in your life? <i>(circle)</i>	0 – 5	5 – 10
		10+
Did any of them blister/peel?	Yes	No
Have you ever used a sunbed/solarium?	Yes (enter details below of how often)	No
Do you intentionally tan your skin?	Yes	No
How often do you use sunscreen? <i>(circle)</i>	Never	Rarely
	Only if outside	Always
Do you currently (or previously) work predominantly outdoors?	Yes	No
Do you have any outdoor hobbies?	Yes (list details below)	No
When was the last time you had a skin check (if ever)?		

I understand that any information provided by me will be confidential in terms of the Health Information Privacy Act

I understand Mana Medical Centre is seeing me as a casual patient

I understand payment is required on the day of consultation

I understand the practice must be notified within 24 hours of cancelling an appointment failing to do so you will be charged a cancellation fee

Signatory Details		
	Signature	Day / Month / Year

Once completed please send to admin@manamedical.co.nz

Disclaimers:

Please note no minor surgery is booked without consultation prior. All minor surgery will be booked in on a separate clinic day. Cancellations/Rebooking must be notified within 48 hours of your scheduled minor surgery. Failed to do so may result in a 50% charge of the quoted charge if your appointment cannot be filled.