ACADEMY
FACE AND BODY

NEW PATIENT QUESTIONNAIRE - MEDICAL

PATIENT DETAILS

Title _____ Surname _____ Given Names _____

Home Address _____

Suburb _____ Postcode _____

Postal Address (if different from above) _____

Suburb _____ Postcode _____

Email Address _____ DOB _____

Marital Status ☐ Never Married ☐ Widow ☐ Divorced ☐ Separated ☐ Married / Defacto

Employment Status ☐ Student ☐ Employed ☐ Unemployed ☐ Home Duties ☐ Retired

Country Of Birth _____

What Concerns Would You Like Addressed _____

MEDICAL HISTORY

Are you on any medications? (please list) _____

Have you had problems with:

☐ MRSA ☐ Epilepsy ☐ Diabetes ☐ Separated ☐ Asthma ☐ Auto Immune Disease

☐ Anaesthetic ☐ Blood Clotting ☐ Could You Be Pregnant? ☐ Ever Smoked ☐ Could You Be Pregnant?

☐ Do You Smoke? (if yes, how much per day) _____

Do you have any allergies? (Please list) _____

Have you ever had surgery? (Please list) _____

_____

Please list all medications and vitamin / mineral supplements you are currently taking _____

_____

Have you been hospitalised outside of Western Australia within the last 12 months? ☐ Yes ☐ No

Do you suffer from either: ☐ Haemophillia ☐ Von Willbrands Disease

MEDICARE DETAILS

Medicare Number __ __ __ __ __ __ __ __ __ __ Ref No. __ Expiry __ __ \ __ __ __ __

GUARDIAN / PARENT DETAILS (FOR PATIENTS UNDER 18)

Parent Full Name _____ DOB _____

Medicare Number __ __ __ __ __ __ __ __ __ __ Ref No. __ Expiry __ __ \ __ __ __ __

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PRIVATE HEALTH FUND DETAILS

Do you have private hospital insurance? ☐ Yes ☐ No Type of cover ☐ Hospital ☐ Ancillary

Name of Fund _____ DOB _____

EMERGENCY CONTACT / NEXT OF KIN DETAILS

Next of Kin _____ Relationship _____

Phone (home) _____ (work / mobile) _____

REFERRAL DETAILS

Referring Doctor _____ Suburb _____ Date of Referral _____

Usual Doctor _____ Practice Name _____

HOW DID YOU HEAR ABOUT US?

☐ Website - Academy Face & Body
☐ Website - CALIBRE
☐ Website - What Clinic
☐ Website - MLT Clinics
☐ Other _____
☐ Website - Plastic Surgery Hub
☐ Website - Real Self
☐ Live Chat - Academy Face & Body
☐ Live Chat - CALIBRE
☐ Another Client (name optional) _____
☐ E Book Download
☐ Social Media FB / Instagram
☐ Gift Voucher
☐ Referral - Doctor / Friend / Family

PLEASE NOTE

Academy Face and Body is adjoined to a registered training organization, which specialises in training doctors, nurses and therapists in aspects of cosmetic medicine and dermal therapies. On occasion, students are provided the opportunity to enhance their learning through observing qualified and experienced staff at Academy Face and Body.

Please inform staff if you are happy for a student to observe your treatment/s by ticking one of the following boxes:

☐ Yes, I am happy for a student to observe my treatment/s ☐ No, I do not want a student to observe my treatment/s

PRIVACY POLICY & CONSENT

(Click on each item underlined below to view the relavent policy / documentation)

☐ I have read, understand and accept the Academy Face and Body Privacy Policy.

☐ I consent and authorise the release of my medical records, including current and previous medical records from other practices and practitioners, hospitals and / or clinics which are part of my medical records.

☐ **(Telehealth / Phone Consultations ONLY)** I have read and accept the Academy Face and Body Telehealth Policy and understand that I might not receive all of the potential benefits of a telehealth consultation. I understand the potential risks involved and agree to proceed with a telehealth consultation.

☐ I have read, understand and accept Academy Face and Body Financial Consent.

☐ I agree the information I have supplied is true and correct to the best of my knowledge.

Signed _____ Date _____

Name _____ DOB _____

Please email completed form to reception@academyfaceandbody.com.au