



Merriwa Medical Centre

Dear Patient,

Merriwa Medical Centre utilises the Mole Scan system to monitor patients skin. Our objective is the early detection of all skin cancers, particularly Melanomas. Skin checks are performed by a General Practitioner with special interest and expertise in skin examinations as well as excision of skin lesions.

The Mole Scan system enables the doctor to take high tech computerised photographs and dermoscopic images of skin lesions. Dermoscopy allows for an accurate assessment of mole pigment patterns and is a more sensitive technique for diagnosing skin lesions. These images are assessed by the doctor who then provides recommendations for treatment options. Any skin lesions that do not require excision but need future monitoring will be recorded with the Mole Scan system and observed carefully over time.

Most people require an annual check-up consultation. However, some people will require more frequent monitoring and you will be advised if this is the case. All patients will receive an automatic recall letter reminding them of when your next Mole Scan check is due.

Our aim is to offer a service which is as low cost as possible. To enable this, please note:

1. It is important to fill out the enclosed paperwork and bring it with you to your appointment. Please note we will not be able to discuss other medical issues during the consultation.
2. Merriwa Medical Centre is open 5 days a week (not including public holidays). Mole scan appointments are available during opening hours at the following times:
Monday to Friday 12:00 to 2:30pm
All females wishing to have a Mole Scan must be booked while a nurse is available as a chaperone.
3. Please bring your Medicare card on the day of the consultation. We will need this as it will be used as a unique identifier for your records on the Mole Scan system and we must see the card before this can be done. Please also bring in any concession cards/pension cards/DVA cards that belong to you so we can bulk bill the consultation. Otherwise, our normal gap fees apply for the consultation. Please note you must inform us 24 hr in advance if you need to cancel or change the appointment time or there will be a 'Did Not Attend' charge which will need to be paid before any future consultation.
4. Please wear loose fitting clothing on the day. Please do not wear makeup. The examination takes 20minutes to do and covers most body regions. You will be required to be in undergarments during the examination. We will not be examining genitalia & breasts during the examination. Please inform us in advance if you have any moles in these areas that you are concerned about and we will organise a chaperone for that aspect of the examination. Please note chaperones are not available on a weekend or after 5:00pm on a weekday.



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5. If any skin lesions are identified that require excision, a new appointment will be organised for this. In most cases we can offer a same week appointment for any excisions that are necessary. The doctor will discuss all aspects of this with you, if required.

6. If you have any specific questions or issues that you feel need clarified before you have a Mole Scan please feel free to make an appointment to discuss these with Dr Raj.



MOLE SCAN PATIENT QUESTIONNAIRE

Patient Name: _____

Date of Birth: _____

Address : _____

Medicare Number _____

Mobile No. _____

DERMATOLOGICAL HISTORY

Please list any prior skin cancers as well as location on body, date of diagnosis and treatment.

Have you ever used tanning beds in the past? (please circle) Yes or No

Do you currently use tanning beds? Yes or No

Has an immediate family member had skin cancer Yes or No

Family Member _____ Diagnosis _____

Any other Dermatology History we should know?



MEDICAL HISTORY

Please list any medical conditions we should be aware of:

Please list any medication you regularly take:

Please list any allergies to medications or dressings:



MEDICAL PHOTOGRAPHY CONSENT FORM

(For completion at the time of Mole Scan Examination)

Patient Consent

I, _____

consent to medical images being made of me or my child/dependant.

I agree that the images may be:

(Please circle below to show consent)

Placed in my medical record for future reference. Yes No

That de-identified images may be used by health professionals for education and training. Yes No

That de-identified images may be used in paper or electronic health publications. Yes No

By signing below I confirm that I understand this consent form and that any questions regarding it have been answered by my Doctor.

Signature of Patient/Parent or Guardian

_____ Date: ___/___/_____

Signature of Doctor

_____ Date: ___/___/_____