

Enquiry/Referral / Appointment Request Form

Dear Sir / Madam

Thank you for your inquiry for our medical services.

To make an appointment, you will need to complete the form below for reviewing your current medical status. Please complete the following information. The items marked with * are required.

PERSONAL DATA: Please double click on the blocks below

*HAVE YOU SEEN A DOCTOR OR HAD A TEST AT ANY HOSPITAL BEFORE? No Yes *IF YES, WHAT IS YOUR HOSPITAL NUMBER (HN)?

*FRIST-MIDDLE-LASTNAME (MR., MRS., MISS) As shown on passport

*SEX Male Female *DATE OF BIRTH (DD/MM/YYYY) PASSPORT NO. OR I.D. NO. For Thai Citizen

*PRIMARY LANGUAGE *NATIONALITY *COUNTRY OF RESIDENCE

*CURRENT ADDRESS (Full mailing address) *State *Post code

* TEL * FAX * MOBILE

* EMAIL

* REPRESENTATIVE

INITIAL HEALTH SCREENING

*HEIGHT Cm. *WEIGHT Kg.

*FAMILY HISTORY	Heart Disease	Diabetes	Hypertension	Asthma	Cancer
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

*PERSONAL HISTORY	Keloid Scaring	Hepatitis	HIV
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

*DRUG ALLERGY No Yes,

*CURRENT UNDERLYING DISEASE No Yes,

*CURRENT MEDICATIONS TAKING (In case you have an underlying disease)

PREFERRED APPOINTMENT: Please specify doctors' specialist and the dates most convenient for you

SURGEON/SPECIALIST

*REQUIRED PROCEDURES

*APPOINTMENT FOR

CONSULTATION ONLY

CONSULTATION AND SURGERY

*1st choice date and time

*2nd choice date and time

*Others (Please Specify)

Once the required information has been received, we will forward all materials to the surgeon. The review process generally takes 3-5 working days, but can take longer. Once the review has been completed, Staff will contact you with feedback, and a tentative plan of care recommended by our specialists.

Please note that a **confirmed** treatment plan and accurate costs can only be provided by the surgeon at the time you are examined by a Hospital specialist. All other quotes provided by the hospital or their representatives are estimated costs provided on the procedure requested. Subject to change

Upon Completion of this form please Email to allaboutbeauty@optusnet.com.au or FAX to 02 43 682 643

*If you wish to change or cancel your appointment, please provide 48 hours notice.

*If you have a series of appointments booked and fail to show up to an appointment without notice, then all subsequent appointments will be cancelled.

Please specify, If you permit All About Beauty to provide your name to the following

* Please advise if you have previously contacted the hospital NO YES

*Clients traveling at the same time as you requesting support or companionship NO YES

*Clients requesting feedback regarding services, procedures, facilities or surgeons NO YES

*Do you give permission for your surgeon to provide after pictures for All About Beauty to show other clients on request NO YES

*Media interview NO YES

All About Beauty does respect your privacy, however at time other clients may wish to make contact with other people who are traveling on their own and looking for support or companionship, or people considering procedures that may request reassurance of the standards of the hospital and surgeons, we wish only the best for our clients and respect what ever box you may tick. Please bear in mind that only Christian names are provided and contact details. It is at your discretion how much information you may wish to provide on any enquiry.

Please sign: _____

Date: _____