



# MEDICAL HISTORY FORM

## PERSONAL DETAILS

Full Name: Mr / Mrs / Miss / Ms / Mstr /

Full Name:

Date of Birth:

Gender: M / F

## CONTACT DETAILS

Address:

Phone: *Home:*

*Work:*

*Mobile:*

Email:

Occupation:

## EMERGENCY CONTACT

Name:

Relationship:

Phone:

## MEDICAL HISTORY

Medical conditions (list all):

Medications (list all including natural supplements):

Allergies:

Please tick any that apply:

Previous heart valve surgery

Rheumatic fever

Liver or kidney problems

Invasive surgery in the past 6 months

Radiation therapy or chemotherapy

Diabetes: Type 1 / Type 2 (please circle)

Blood thinners (e.g. aspirin, warfarin)

Bisphosphonates (IV or oral)

Medication to treat osteoporosis or malignancy

Hepatitis A / B / C (please circle)

Human Immunodeficiency Virus (HIV)

High or low blood pressure

Do you Smoke?

No

Yes, how many a day?

Ladies, are you pregnant?

No

Yes, due date:

Do you require an interpreter?

No

Yes, language:

Are you Aboriginal or Torres Strait Islander

No

Yes

## HEALTH COVER

Medicare No.

Your position on card:

Private health fund

Membership number

Your position on card:

## CONSENT AND CANCELLATION POLICY

1. I hereby authorise the dentist or designated clinician to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate to make a thorough diagnosis.
2. Upon diagnosis I authorise the dentist to perform all treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to be responsible for the payment of all services rendered on my behalf and on behalf of my dependents. I understand that payment is due at the time of service unless other arrangements have been made and I agree that I will be responsible for an administration fee of 10% of the outstanding debt each month that payment is late.
4. If my account is not settled, I understand it will be sent to a collection agency and I will be responsible for associated legal costs.
5. **By signing this document, I confirm that I have read and accept these terms and privacy policy on the reverse of this folder.**

Patient / Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE ONLY Corepractice No. \_\_\_\_\_ Receptionist: \_\_\_\_\_ Date: \_\_\_\_\_



## WE RESPECT YOUR PRIVACY

In order to provide you with the highest standard of dental care, this practice is required to collect personal information from you. This information covers basic details such as your name, address and telephone number but it is also necessary for the dentist to obtain from you details regarding your general health and past medical or surgical events. Without this general health picture, the treating dentist is unable to plan your care properly. Naturally, some of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to be unnecessarily disclosed to others.

We value the need to safeguard this information and, in accordance with the principles laid down in privacy legislation and the guidelines issued by the Australian Dental Association, we would like to assure you that:

- This information will only be used by the treating dentist in order to deliver your care to the highest standards.
- It will not be disclosed to those not associated with your treatment without your consent except as provided under the legislation and where we consider you would have a reasonable expectation of us to provide such information.
- You may seek access to the information held about you and we will provide this access without undue delay. This access might be by inspection of your dental records at the time of appointment or by special access or copying of information at other times.
- There will be no charge made for requesting this information but there may be fees levied just to cover the costs associated with the processing of this request or the copying of information.
- We will take reasonable steps to ensure at all times that the details we keep about you are accurate, complete and up-to-date.
- We will take reasonable steps to protect this information from misuse or loss and from unauthorised access, modification or disclosure.
- Our staff are trained to respect these principles at all times.

**If you have any questions regarding the information we collect from you and hold in your dental records, please do not hesitate to ask us. We are acting in your interests at all times.**