

## PERSONAL DETAILS

Surname: \_\_\_\_\_ Mr/Mrs/Ms/Miss/Dr/Prof/Other \_\_\_\_\_

Given names: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred name if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

 Phone (*circle preferred contact*): (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_

## MEDICAL HISTORY

This form is designed to alert us to any medical conditions or medications that may interfere with your dental care. We will ensure that this information will remain private and confidential. Please ask for assistance if required.

Who is your medical practitioner?			
Are you being treated by a doctor at present?	NO	YES	
Do you normally require antibiotic cover before dental treatment?	NO	YES	
Have you had any abnormal reactions to local anaesthesia?	NO	YES	
Do you smoke?	NO	YES	
Are you pregnant? ( <i>Females only</i> )	NO	YES	DUE DATE
Please list current medications			
Have you ever taken Bisphosphonate drugs, such as Fosamax, normally prescribed for Osteoporosis?			
Please list any allergies			

Prosthetic Implant eg knee, hip	NO	YES	Rheumatic Fever	NO	YES	Stroke	NO	YES
Heart Disorder / Complaint	NO	YES	Kidney Disease	NO	YES	Epilepsy	NO	YES
Bone Disease eg Osteoporosis	NO	YES	Excessive Bleeding	NO	YES	Hepatitis	NO	YES
Contact with HIV / AIDS	NO	YES	Cardiac Pacemaker	NO	YES	Cancer	NO	YES
Nervous / Psychiatric Condition	NO	YES	Radiation Therapy	NO	YES	Asthma	NO	YES
Lung Disease eg Emphysema	NO	YES	High/Low Blood Pressure	NO	YES	Diabetes	NO	YES

 Any other conditions not mentioned (*Please list*): \_\_\_\_\_

### PLEASE LIST ANY CONCERNS OR PROBLEMS THAT YOU HAVE WITH YOUR TEETH OR MOUTH:

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I verify that all details I have provided in this medical history are true and accurate. I have read and accept the privacy policy on the following page.

Your / Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRIVACY POLICY

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 and 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.