CONFIDENTIAL PATIENT HISTORY

If you require an interpreter, please discuss your needs with our staff

Salutation: Prof, Dr, Miss, Ms, Mrs, Mr

Surname ..... **Given Names** .....

Preferred Name ..... **Date of Birth** .....

Postal Address: .....Post code: .....

Telephone: Home ..... Mobile ..... Work .....

Email address ..... Occupation of Patient .....

Name of Person responsible for Fees ..... Claim Number (DVA/TAC/WC) .....

Emergency Contact: Name .....Phone .....Relationship to you .....

Medical Doctor: Name .....Phone .....

Name of referring Dentist .....

Do you have private health insurance? No / Yes Fund Name .....

Medicare number ..... Reference number (in front of name) ..... Expiry date .....

Have you had any of the following in the PAST or PRESENT? Please indicate

	Yes	No		Yes	No
Rheumatic Fever	☐	☐	Hepatitis A, B, C	☐	☐
Epilepsy	☐	☐	High Blood Pressure	☐	☐
Asthma	☐	☐	Heart Ailment	☐	☐
T.B / Kidney Disease	☐	☐	AIDS/HIV	☐	☐
Diabetes	☐	☐	Excessive Bleeding	☐	☐
Creutzfeldt-Jakobs disease	☐	☐			

Do you wish to discuss a medical condition in private with the dentist? ..... ☐ ☐

Do you have: an artificial hip, heart valve/stent or other prosthetic implant? ..... ☐ ☐

Do you Smoke? ..... ☐ ☐

Are you presently under medical care or taking any medicines or tablets (e.g. Fosemax)? Please List medications:

....

Do you have allergies (i.e. Latex)? ....

Ladies are you pregnant? Yes/ No/ Unsure

I have completed this questionnaire to the best of my knowledge and understand that failure to make a full disclosure may place ME at undue medical risk. Our practice respects your rights to privacy. Disclosure of your information will not be made to any person not involved in your treatment or in the administration of this practice without your consent. Please read the privacy policy on the back of this page.

Signed..... Date.....

(ON FUTURE VISITS ANY CHANGES TO THE ABOVE SHOULD BE ADVISED)

YOUR HEALTH INFORMATION and OUR PRIVACY POLICY
In accordance with the Victorian Records act 2001 and Privacy act.

Our Practice respects you right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

1. The information collected will be used for the purpose of providing the treatment to you. Personal information such as your name, address and insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and issues affecting your treatment.

2. We may disclose your health information to other health professionals, or require it from them if, in our judgement, that is necessary in the context of your treatment. In that even, disclosure of your personal details will be minimised wherever possible.

3. We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity would not be disclosed without your consent to do so.

4. Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek an explanation from the dentist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, our usual fees apply to these services.

5. If any of the information we have about you is inaccurate, you may ask us to alter your records accordingly.
You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.