

Medical update

MEDICAL & DENTAL QUESTIONNAIRE PRIVATE & CONFIDENTIAL

Welcome to our Practice

Please answer these questions as completely as possible; it will areatly assist us to provide the best dental treatment for you

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Name				
(Mr/Mrs/Miss/Ms/Dr/Other)(First Names)		(Family Name)		
Address			Postcode	
Date of Birth	Gender	Occupation		
Phone (Home) Phone (Work)		Phone (Mobile)		
Email				
Emergency Contact		Relationship	Phone	
Person responsible for pa	yment of accounts			
Private Health Fund / DV	A (if applicable)			
Who is your usual genera	Il dentist?			
Name of your medical p	ractitioner/specialist			
Hav	e you have ever had ar	ny of the following medic Y N	cal conditions or treatment?	ΥN
Rheumatic fever		Epilepsy/Seizur	Epilepsy/Seizures	
Heart condition/cardiac surgery/pacemaker		Thyroid disease	Thyroid disease (including goitre)	
Heart valve replacement		Tuberculosis (Ti	Tuberculosis (TB)	
High or low blood pressure Blood disorders Blood borne viruses (including HIV/AIDS) Hepatitis (indicate type)		Asthma/Bronc	Asthma/Bronchitis/lung conditions Nervous system disorder Anxiety/Depression	
		Nervous systen		
		Anxiety/Depre		
		Gastroesophageal reflux disease (GORD)		
Diabetes		Treatment for cancer (type/region)		
Osteoporosis or low bone density		Joint replacement surgery		
Rheumatoid arthritis/Lupus (SLE)/Polymyalgia		Transplanted organs/bone marrow/stem cells		
If yes to any of the above	e, please provide further	details if required:		
,	pain relievers, injections	ns, implants, so we can	I preparations, vitamins, supplements take appropriate precautions and avoce you could be pregnant? Y N you currently breastfeeding ? Y N	
Patient Signature (Parent or guardian if und I have read and accept Clinicians Signature		ne reverse of this form	Date	
Medical update		Patient Signatu	re Date	

Patient Signature

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.