family dental clinic

west end

Please turn over to read our privacy policy

Welcome to Family Dental Clinic West End!
Please take your time to answer the following questions as completely as possible.
It will assist us greatly in our efforts to provide the best dental treatment for you.
All information will be treated with complete professional confidentiality.

Title ☐Mr ☐Mrs ☐Miss ☐Ms ☐Dr ☐Child
Full Name _____ Preferred name: _____
D.O.B _____ Email:_____
Address_____City/Suburb_____P/CODE_____
Ph. home _____ mobile_____ Occupation:_____
Name of emergency contact: _____Relationship _____ Ph Numbers _____
How did you hear about us? (Name of friend or family, walking by, google) _____
What was it they said about our practice that made you contact us? _____
What dental benefit/insurance do you have? (*e.g. BUPA, Medibank Private*) _____
Name of medical doctor: _____ Ph Number/ Suburb:_____

Please tick YES or NO to the following (If unsure, please tick yes)

Have you ever had:	YES	NO	Maybe? Please give details
Any allergies	☐	☐	_____
rheumatic fever	☐	☐	_____
Heart condition/ valvular disease	☐	☐	_____
Diabetes (type I or II)	☐	☐	_____
Blood pressure (high or low)	☐	☐	_____
Sinus troubles	☐	☐	_____
Asthma/lung disease	☐	☐	_____
Epilepsy	☐	☐	_____
Kidney Disease	☐	☐	_____
Hepatitis A,B, C	☐	☐	_____
AIDS/HIV	☐	☐	_____
Thyroid Disease	☐	☐	_____
Liver Disease	☐	☐	_____
Osteoporosis or have current / previous treatment affecting bone density e.g. Fosamax, Prolia	☐	☐	_____
Bleeding disorders/ taking blood thinning medications (e.g. Aspirin, Warfarin, Astrix or Plavix)	☐	☐	_____
Cancer (radiation/ chemotherapy)	☐	☐	_____
Are you pregnant?	☐	☐	_____
Reflux, stomach ulcers, indigestion	☐	☐	_____
Do you smoke?	☐	☐	_____
Other health conditions?	☐	☐	_____
Do you grind/clench your teeth?	☐	☐	_____
Daytime sleepiness/ sleep apnoea	☐	☐	_____

PLEASE LIST ALL MEDICATIONS:

_____
_____

Is there any health matter that you wish to discuss with the dentist in private? ☐ YES ☐NO
What is the purpose of your visit? _____
Do you consent to photographs being taken for the purposes of assessment and monitoring of your dental health? **YES / NO**
I acknowledge that the practice requires 24 hours' notice for all cancellations, that it is the surgery's policy that fees are to be settled after each appointment and that unpaid accounts may incur a service charge.

Signature (patient or guardian if under 18 years) _____ Date _____

FAMILY DENTAL CLINIC WEST END
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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 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 express consent
- You may seek access to the information held about you and we will provide the 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 make reasonable steps to ensure as 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 of 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.