Cardinia Dental Patient History Form

Title Dr / Mr / Mrs / Miss / Ms/ Other

Surname ______________________ First name ________________ Date of birth ___/___/ _____

Preferred name ____

Home address ____

____ Postcode __________

Phone (Mob) __________________ (Hm) __________________ (Wk) __________

Email ____

Health fund for dental cover __________________ Customer No. ____________________

Medicare Card No. ____________________ Veterans' Affairs Card No. ______________

Occupation __________________ Suburb you work in. ____________________

Emergency contact ______________ Relationship to patient __________ Contact No. __________

Emergency Contact Address.____

Person responsible for account (must be completed if patient under 16, if same as above please tick here ☐)

Name ____________________ Relationship to patient ____________________

Address ____________________________________ Postcode __________

Phone (Mob) __________________ (Hm) __________________ (Wk) __________

How did you hear about our practice? (tick as many as appropriate)

☐ Google ☐ Facebook ☐ Flyer ☐ Website ☐ Family or Friends ☐ Other ______________

Medical Questionnaire – Private and Confidential

Please answer these questions fully or discuss them with your dentist. Information about your medical history is for your dentist's use only.

Past/Current medical conditions:

Are you receiving any medical treatment at present Y ☐ N ☐ Details ____________________

Have you had any serious or long standing illness Y ☐ N ☐ Details ____________________

Have you ever been hospitalised Y ☐ N ☐ Details ____________________

Please indicate if you have EVER had any of the following:

Condition	Y	N	Condition	Y	N
Any heart complaint/treatment	☐	☐	Tuberculosis	☐	☐
Rheumatic fever or heart valve surgery	☐	☐	Any nervous system disorder	☐	☐
High or low blood pressure	☐	☐	Gastric ulcer	☐	☐
Blood Disorders	☐	☐	Asthma/Bronchitis /lung conditions	☐	☐
Anti-coagulant therapy	☐	☐	Radiation therapy/chemotherapy	☐	☐
Joint replacement surgery	☐	☐	Thyroid disease	☐	☐
Osteoporosis or low bone density	☐	☐	Hepatitis, jaundice or liver disease	☐	☐
Epilepsy	☐	☐	Treatment for any form of Cancer	☐	☐
Diabetes	☐	☐	Transplanted organ or bone marrow	☐	☐
HIV	☐	☐	Pregnant (when due) ______________	☐	☐
			Other ____________________		

Do you smoke Y ☐ N ☐ Social ☐

Current medications (prescription, over the counter, herbal) ____________________

Allergies Nil known ☐ Yes ☐ - Details ____________________

Medical practitioner ____________________ Suburb ____________________

I agree that the above is a true and accurate record. Any expenses, costs or disbursements incurred by Cardinia Dental in recovering any outstanding monies including debt collection fees and solicitor costs shall be paid by the responsible party above. I have read and agree with the privacy statement on the back of this document.

PLEASE NOTE: The medical history form will be electronically copied to your clinical record file and the original will be subsequently destroyed. By signing this document you agree to this process. This form is a guide only and you should discuss any relevant matters with your dentist prior to the commencement of any dental treatments.

X Signature ____________________________________ Date ____ / ____ / ______

OFFICE USE ONLY.
Form checked by ______________ Data keyed by ______________ Keying checked by ______________ Form scanned by ______________

IMPORTANT - PLEASE READ PRIVACY STATEMENT ON BACK OF THIS FORM

PRIVACY STATEMENT

In accordance with the Victorian Health Records Act 2001 and Federal Privacy Act 1988. Our practice ("Cardinia Dental") respects your right to privacy. We realise 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.

Why Cardinia Dental collects your personal information?

Cardinia Dental collects your personal information primarily to enable it to provide health care services to you in the most appropriate and efficient way. Cardinia Dental, its related companies or agents (“Related Persons”) may also use this information to promote health and related services to you or for other purposes permitted under the Privacy Act.

How Cardinia Dental collects your personal information

Where possible we collect your personal information directly from you and where that is not reasonably practicable we may collect your personal information from other sources.

Cardinia Dental may collect personal information directly from you when:

- you complete a medical history form such as this one;
- you request information concerning Cardinia Dental services in person, by phone or online.

In addition we may collect personal information from Related Persons or health service providers such as health insurers, government agencies, hospitals, doctors and medical specialists. We may provide information to Related Persons of Cardinia Dental to assist them in developing and promoting health-related products and services that may be of interest to you (unless you ask us not to).

How does Cardinia Dental use your personal information?

Cardinia Dental uses your personal information in accordance with National Privacy Principles. The personal information is used to:

- provide you with health and related services, including appointments and follow up services;
- promote the health-related products and services of Cardinia Dental and Related Persons.

Your agreement

By providing your personal information to us in this form or by other means you acknowledge and agree that Cardinia Dental may:

- collect and use your personal information to provide health and related services to you;
- collect and use your personal information to contact you for market research and to provide you with information and offers about health-related products and services offered by Cardinia Dental and Related Persons; and
- disclose your personal information on a confidential basis to Related Persons who may contact you for promotional and informational purposes in relation to health-related products and services.

Our staff may contact you on available telephone numbers, via SMS and email addresses. When our staff contact you and you are not available, they may leave messages which identify the caller or sender and the purpose for which the communication is made.

Whenever you are provided with marketing information by Cardinia Dental or Related Persons you will be offered the opportunity to inform us if you do not want your personal information to be used for those purposes in the future.

Please refer to Cardinia Dental Privacy Policy at www.cardiniadental.com.au for further details or contact the Privacy Officer via email to janine@cardiniadental.com.au should you have any questions, comments or concerns regarding privacy matters or you do not want your personal information used for marketing purposes.