Kedron Dental
CENTRE

Medical History Questionnaire

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

Surname: ______________________ First Name: ______________________

D.O.B ____/____/____ Preferred Name: ______________________

Home Address: ______________________ Postcode: __________

E-mail address: ______________________

Postal Address: ______________________ Postcode: __________

(Write "AS ABOVE" if postal address is the same as your home address)

Phone - Mobile: __________ Home: __________ Work: __________

Preferred method of contact: ______________________

Health fund Name (For dental cover): __________ Veteran's Affair card No.: __________

Occupation: __________ How did you hear about us: ______________________

Emergency Contact Name: ______________________

Relationship to patient: __________ Phone Number: __________

Person responsible for the account? (Must be completed if patient is under 16. If same as above please tick ☐)

Name: ______________________ Relationship to patient ______________________

Address: ______________________ Postcode: __________

Phone - Mobile: __________ Home: __________ Work: __________

Medical Questionnaire – Private and Confidential

Please answer these questions fully or discuss them with your dentist. Information about your medical history is important.

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 ______________________

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

Any heart complaint/treatment:	Y ☐ N ☐	HIV:	Y ☐ N ☐
Heart murmur:	Y ☐ N ☐	Tuberculosis:	Y ☐ N ☐
Rheumatic fever or heart surgery:	Y ☐ N ☐	Any nervous system disorder:	Y ☐ N ☐
High or Low blood pressure:	Y ☐ N ☐	Cold Sores:	Y ☐ N ☐
Blood disorder:	Y ☐ N ☐	Asthma/Bronchitis/Lung conditions:	Y ☐ N ☐
Anti-coagulant therapy:	Y ☐ N ☐	Radiation therapy/Chemotherapy:	Y ☐ N ☐
Joint replacement surgery:	Y ☐ N ☐	Hepatitis, jaundice or liver disease:	Y ☐ N ☐
Osteoporosis or low bone density:	Y ☐ N ☐	Treatment for any form of cancer:	Y ☐ N ☐
Epilepsy:	Y ☐ N ☐	Organ or bone marrow transplant:	Y ☐ N ☐
Diabetes:	Y ☐ N ☐	Other __________	Y ☐ N ☐

Do you smoke? Y ☐ N ☐ Social ☐

Are you pregnant? Y ☐ N ☐ How many months? __________

Current Medications (prescription, over the counter, herbal): ______________________

____

Allergies: Nil known ☐ Yes ☐ Details: ______________________

____

Medical Practitioner: ______________________ **Suburb:** ______________________

IMPORTANT – PLEASE READ PRIVACY STATEMENT ON THE BACK OF THIS FORM

OFFICE USE ONLY:
Form checked by: __________ Date keyed by: __________ Form Scanned by: __________

PRIVACY STATEMENT

Kedron Dental Centre (KDC) respects your right to privacy and considers all of the information you have provided in this form to be personal information for the purpose of the Information Privacy Act 2009.

Why does KDC collect your personal information?

KDC collects your personal information primarily to enable it to provide health care services to you in the most appropriate and efficient way. KDC may also use this information to promote health and related services to you or for other purposes permitted under the privacy act.

How does KDC collect your personal information?

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

KDC may collect information directly from you when;

- You complete a medical history form such as this one;
- You request information concerning KDC's 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 KDC 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 KDC use your personal information?

KDC uses your personal information in accordance with national privacy policies. Your personal information is used to:

- Provide you with health and related services, including appointments and follow up services;
- Provide related health service providers with your details to assist in thorough and appropriate treatment.

By providing your personal information to us in this form or by other means you acknowledge and agree that KDC may collect and use your personal information to provide health and related services to you.

Our staff may contact you on available telephone numbers and email addresses. When our staff members contact you and you are not available they may leave messages which identify the caller or sender and the purpose for which communication is made. Should you have any questions, comments or concerns regarding privacy matters please feel free to discuss these with Kedron Dental Centre Staff.

I agree that the above is a true and accurate record. I understand that Kedron Dental Centre requires payment on the day of treatment. Any expenses, costs or disbursements incurred by Kedron Dental Centre in recovering any outstanding monies including debt collection fees and solicitor costs shall be paid by the responsible party above. I further acknowledge that failure to attend any appointment without 24 hours' notice may result in a deposit requirement prior to future appointments being scheduled. I have read and agree with the privacy statement on the back of this document.

Name: ______________________ Signature: ______________________ Date: ______________

Second Visit Date & Initial: ____________________ **Third Visit Date & Initial:** ______________________

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