

# Dunstan Dental

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## CONFIDENTIAL MEDICAL/DENTAL HISTORY FORM

It is important to know details about your medical history as these could affect the success of oral health care (dental treatment). The information you provide is confidential and will be handled in accordance with our privacy policy which is shown on the second page of this form.

Last Name:		Title (eg Mr/Mrs/Ms):						
First Name(s):		Date of birth:						
Home Address:								
Phone (Home):		Mobile:	Work:					
Contact in case of emergency:		Phone:	Mobile:					
I have confidential medical information that I wish not to write down. I would prefer to speak to a dentist about this (please tick box)								
	NO	YES	DETAILS					
Are you being treated by a doctor at present?								
Are you taking any tablets or medicines (prescribed or over the counter) at present?								
Do you normally require antibiotic cover before dental treatment?								
Have you any abnormal reactions to local or general anaesthesia?								
Do you smoke?								
Are you pregnant (females only)								
Health Fund?								
Who is your medical practitioner?			Phone:					
Please list any drugs or medicines you are allergic to:								
Please list any other known allergies (including latex):								
<b>DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING MEDICAL CONDITIONS?</b> (Please tick appropriate box(es))								
	NO	YES		NO	YES		NO	YES
Steroid Therapy			Kidney Disease			Prosthetic implant eg artificial hip		
Rheumatic Fever			Excessive Bleeding			Cardiac pacemaker		
Epilepsy			Heart complaint			Stomach or digestive condition		
Asthma			Nervous condition			Hepatitis or other liver disease		
Diabetes			Tuberculosis			Contact with HIV/AIDS virus		
Heart valve disorder			Thyroid disease			Bronchitis, emphysema or other lung diseases		
Stroke			Heart murmur			Anaemia, leukaemia or other blood diseases		
Radiation therapy			High or low blood pressure			Transplanted organ or marrow		
Any other condition(s) (please list):								
<b>PLEASE LIST ANY PROBLEMS THAT YOU HAVE WITH YOUR TEETH OR MOUTH:</b>								
Referred By: <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Street Sign <input type="checkbox"/> Another patient/friend (Name)								
I have read and accept the privacy policy on the second page of this form.							Office use only:	
Signature: Patient/Parent/Guardian: _____								
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 and 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.

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.