

It is important to know details about your medical history as these could affect the success of your dental treatment and how we can provide this treatment safely for you. The information you provide is confidential and will be handled in accordance with our privacy policy which is shown on the reverse of this form.

First Name: Last Name:
 Date of Birth:
 Home Address: Postcode:
 Mobile: Email:
 Name of Emergency Contact Person: Their Phone No:
 Do you have a Private Healthfund? Yes/No If yes Name of Insurer
 Your Occupation:
 Are you of Aboriginal or Torres Strait Islander Origin?

I have confidential medical information that I do not wish to write down. I would prefer to speak to a dentist about this (please tick box) ☐

Do you normally require antibiotic cover before dental treatment?	Yes	No
Have you had any abnormal reactions to local or general anesthesia?	Yes	No
Do you smoke?	Yes	No
Are you pregnant? (Females only)	Yes	No
Are you being treated by a doctor at present?	Yes	No
Are you taking any <u>prescription or other medications</u> at present?	Yes	No

List here:

.....
 Who is your doctor?
 Please list any drugs or medications you are allergic to:
 Please list any other known allergies (including latex, foods and preservatives):

DO YOU HAVE NOW, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING MEDICAL CONDITIONS?
Please circle yes or no for each condition

Steroid therapy	yes/no	Kidney disease	yes/no
Rheumatic fever	yes/no	Excessive bleeding	yes/no
Epilepsy	yes/no	Stroke	yes/no
Asthma	yes/no	Cancer	yes/no
Diabetes	yes/no	Tuberculosis	yes/no
Heart disorder/complaint	yes/no	Thyroid disease	yes/no
Bone disease including osteoporosis	yes/no	Nervous or psychiatric condition	yes/no
Radiation therapy	yes/no	High/low blood pressure	yes/no
Prosthetic implant (hip, knee, shoulder)	yes/no	Cardiac pacemaker	yes/no
Stomach or digestive condition	yes/no	Hepatitis or liver diseases	yes/no
Contact with blood-borne viruses	yes/no	Bronchitis, emphysema or other lung diseases	yes/no
Anaemia, leukemia or other blood diseases	yes/no		
Any other conditions			

I have read and accepted the Missed appointment/Late Cancel Policy on the back of this form

Your signature..... Date:
 (Or Parent/Guardian)

Missed Appointment/Late Cancel Policy

If you are unable to keep your scheduled appointment, we require a 24-hour notice (1 full business day) so that we may accommodate the dental needs of another patient. This guidance applies to both visits with our hygienist and our dentists. If an appointment is cancelled or rescheduled within 24 hours of the reserved appointment time, Simply Dental may charge the patient a cancellation fee of \$50.

Privacy Policy

Simply Dental collects, holds, uses and discloses personal information in accordance with this privacy policy.

If you provide your personal information (including any sensitive health information) to us you consent to us collecting, holding, using and disclosing that personal information in accordance with this privacy policy.

If you do not provide us with the personal information we request from you we may not be able to provide you with the dental services you require or to do business with you.

Why do we collect personal information?

We collect personal information from our patients in order to provide them with dental services. We are required by guidelines issued by the Australian Dental Association under the Health Practitioner Regulation National Law Act 2009 to collect information from our patients and maintain dental records that contribute to the safety and continuity of their dental care.

What personal information do we collect?

We will collect your personal information, including sensitive health information directly from you unless you provide us with authority to seek this information from other sources such as a family member or carer or from another healthcare professional.

Who do we disclose personal information to?

We may disclose your personal information to other healthcare practitioners involved in your care.

We will not otherwise disclose your personal information (whether you are a patient or otherwise) to third parties unless we are permitted or required to do so by law.

How can you access or seek correction of the personal information we hold about you?

If you wish to know what personal information we hold about you or request a correction to the information that we hold about you, please contact us via the contact details set out below.

In order for us to respond to your request, you will need to provide us with your full name, address and a description of the information you wish to access and/or specify the manner in which the information we hold is inaccurate, out of date, irrelevant, incomplete or misleading and how it should be amended.

How will we deal with any complaints in relation to how we handle your personal information?

Please contact us (via the contact details set out below) if you are not happy with how we have handled your personal information and you are concerned that we have breached an obligation under the Australian Privacy Principles or this privacy policy.

We will consider your complaint and determine whether it requires further investigation. We will notify you of the outcome of this determination and/or any subsequent internal investigation.

Contact details: 42 Mary Street, Noosaville, Qld 4565