

New Patient Medical Questionnaire

Information provided is completely confidential and is protected by the provisions of the Federal Privacy Law Legislation. Your assistance in completing our acquaintance form assists us to provide you with dental care of the highest standard.

Title:

First Name:

Last Name:

Preferred Name:

Date of Birth:

Home Phone:

Mobile:

Email:

Private Health Fund:

Membership No.:

Medicare Number:

Card No.:

Emergency Contact:

Relationship:

Phone No.:

Medical Doctor:

Phone No.:

How'd you find us?

Website Google Facebook Walk-in Yellow Pages Family/Friend

Other:

If family or friends referred you, please name:

Medical History: Please tick relevant

Heart disease	Hepatitis A,B or C	Asthma
High blood pressure	Diabetes	Epilepsy
Low blood pressure	Liver disease	HIV/AIDS
Other blood disorder	Serious illness	Hospitalised in last 2 years
Stroke	Hyperthyroidism	Kidney disease
Cancer	Nervous disorders	Neck or back problems
Allergy to medications	Allergy to latex	Smoker

Any other important medical conditions not listed above?

List of allergies:

Antibiotic cover required before treatment: YES NO (for patients with heart conditions)

Current Medications/vitamins:

DENTAL HISTORY

Please tick boxes if you are concerned with/interested in any of the following:

Ability to eat	Bad Breath	Bleeding Gums	Clenching/Grinding
Crooked Teeth	Discolouration	Difficulty Breathing	Thumb Sucking
Snoring	Sleep Apnoea	Gapped teeth	Previous Dental treatment

How many times do you brush your teeth per day? 1 2 3+

Does any of the following apply to you?

- Tonsils/Adenoids removed
- A tendency for colds/flu
- Frequent ear infections
- Has had tubes placed in ears

I have completed this Questionnaire to the best of my knowledge, and understand that failure to make a full disclosure may place **ME** at undue medical risk. I understand that notes, radiographs (x-rays) or models relating to my treatment may need to be sent between both **Maven Dental Practices** in **Gympie** to aid them in my treatment and I consent to this. I also give my permission for the practice to use the above contact details to send me appointment and preventative care recall reminders.

Print Name (Patient/Guardian):

Signature:

Date:



Patient Privacy, and Communications

Here at Southside Smiles and Channon Lawrence Dental we take your privacy seriously. From time to time we would like to contact you with details of other dental services that we provide or introduce, such as additional clinics or introductory treatment offers. We also value your clinical records and know that it is important to offer you treatment as soon as required.

I consent for my details to be used for the purposes outlined above

Please read this Privacy Collection Statement to see how we use your personal information.

We collect, handle, use and protect your personal information in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy which can be viewed in full here, or please ask our reception team for a copy of our Privacy Policy.

We collect your personal information to provide you with products and services you have requested, improve our products and services, keep you informed of your upcoming appointments and notify you about our latest promotions and other offers relevant to you. We collect this information mainly through our communications with you, but we may do so also from other sources in the course of providing our services to you. You are not obliged to provide us with your personal information, however this may impact our ability to provide you with our products and services. We generally do not disclose information about you to any person and will only share your personal information where necessary to provide you with products and services, as required by law, or with your permission. Our Privacy Policy sets out how you can access and change your personal information or make a privacy complaint.

If you would like us to send you a copy of our Privacy Policy, inform us that you do not wish to receive promotional material from us, request access to or the correction of information we hold about you or to make a complaint about our treatment of your privacy, please contact us by email at notices@mavendental.com.au by phone on +61 (07) 5635 2000, or by mail to The Privacy Officer, Maven Dental Group, PO Box 1146 SOUTHPORT BC QLD 4215.

Print Name (Patient/Guardian):

Signature:

Date:

