



ALL INFORMATION SUPPLIED IS FOR USE ONLY IN REGARD TO DENTAL TREATMENT AND IS CONFIDENTIAL

SURNAME: Dr. Mr. Mrs. Miss. Ms.

CHRISTIAN NAMES

DATE OF BIRTH

HOME ADDRESS & POSTCODE

HOME PHONE MOBILE

EMAIL ADDRESS

OCCUPATION

BUSINESS ADDRESS

NAME OF FIRM OR COMPANY

BUSINESS PHONE.....

WHERE DID YOU LEARN ABOUT THIS PRACTICE?

Doctor Location Family

Internet Yellow Pages Friend

ARE YOU A MEMBER OF A HEALTH FUND FOR DENTAL? YES NO

NAME OF YOUR MEDICAL PRACTITIONER

PLEASE REFER OVER FOR OUR INFORMATION HANDLING PROCEDURES

Dr Emma Bond
B.D.S. (Hons) Syd Uni
F.R.A.C.D.S

Dr Justin Currie
B.D.S. Syd Uni
Grad. Dip Clin. Dent. Syd Uni

& Associates

History:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you short of breath when lying down? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any allergies?
If so, please list: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been a patient in a hospital in the last 2 years?
If so, what was it for? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you consulted your doctor about any illness in the last 2 years?
If so, what was it for? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had excessive bleeding requiring special treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Could you possibly be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Could you be a potential Hepatitis/HIV Carrier? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you take any medication? (drugs, tablets) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you take/have taken Bisphosphonates (eg. Fosamax, Actonel) in the last 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have or have you ever had:

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Chest Pains | <input type="checkbox"/> | <input type="checkbox"/> | Dura Mater / Corneal Graft | <input type="checkbox"/> | <input type="checkbox"/> |
| Palpitations | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Joint Replacement | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Condition
eg Depression/Bipolar | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory Condition
ie Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of Breath | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Chemotherapy | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | Human Growth Hormone | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-Coagulant ie: Warfarin | <input type="checkbox"/> | <input type="checkbox"/> | Pacemaker | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had any serious illness?

Signature Date
(Patient, Parent or Guardian)



INFORMATION HANDLING PROCEDURES

Tindale Dental Surgery is committed to providing quality dental care for its patients. As a fundamental part of this commitment, the dentist(s) and staff of the practice, recognise the importance of ensuring that our patients are fully informed and involved in their dental care.

The Tindale Dental Surgery is, as a dental provider in the private sector, bound by the National Privacy Principles. These principles set the standards by which we handle personal information collected from our patients.

As a part of our commitment to providing quality dental care it is necessary for us to maintain files pertaining to your dental health. The files contain the following types of information:

- Personal details (your name, address, date of birth);
- Your dental history;
- Notes made during the course of dental consultations;
- Referrals to other dental service providers;
- Results and reports received from other dental service providers.

The information held about you is provided by you or arises as a consequence of information provided by you.

Your dental file is handled with the utmost respect for your privacy. The file will be accessed by your dentist, and when necessary, for example in the absence of your usual dentist, by other dentists in the practice. It may also be necessary for our staff to handle your file from time to time to address the administrative requirements of running a dental practice. **Our staff are bound by strict requirements as a condition of employment regarding your dental records.**

Ordinarily we will not release the contents of your dental file without your consent. However, we advise that there may be occasions where we will be required to release the details of your file irrespective of whether your consent to the disclosure of the information is given. This will occur where the law requires disclosure, such as pursuant to a subpoena.

We advise that as a patient of this practice you have the rights of access to any information we hold concerning you.

As part of our commitment to preserving the confidentiality of the information contained in your dental record we advise that strict secure storage policies are observed in this practice. Your electronic records are accessible only by staff of this practice and are protected by a security password. Your paper records are kept in secure filing cabinets and accessible only by practice staff. Each member of staff is well versed in the principles and importance of dentist – patient confidentiality.

Should you, at any time, have a query or complaint in relation to the privacy policies in place at this practice please contact Dr Currie who will be happy to address any concerns you may have. We advise that we will make our best endeavour to address complaints within 60 days of receipt of your complaint.