Tindale DENTAL CENTRE

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

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

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

History:

		Yes	No
1.	Are you short of breath when lying down?	☐	☐
2.	Do you have any allergies? (eg Medicines/Food/Latex etc) If so, please list:	☐	☐
3.	Have you been a patient in a hospital in the last 2 years? If so, what was it for?	☐	☐
4.	Have you consulted your doctor about any illness in the last 2 years? If so, what was it for?	☐	☐
5.	Have you ever had excessive bleeding requiring special treatment?	☐	☐
6.	Could you possibly be pregnant?	☐	☐
7.	Could you be a potential Hepatitis/HIV Carrier?	☐	☐
8.	Do you have a heart murmur?	☐	☐
9.	Do you take ANY medication? (drugs, tablets)	☐	☐
	.....		
10.	Are you having or had treatment for Osteoporosis (ie. infusion/injection or bisphosphonates eg. Fosamax, Actonel) in the last 10 years?	☐	☐

Do you have or have you ever had:

	Yes	No		Yes	No
Anti-Coagulant ie: Warfarin	☐	☐	Mental Health Treatment	☐	☐
Cancer	☐	☐	*If yes, details:*		
Chemotherapy	☐	☐	.....		
Chest Pains	☐	☐	Pacemaker/ Defibrillator	☐	☐
Diabetes	☐	☐	Palpitations	☐	☐
Dura Mater / Corneal Graft	☐	☐	Prosthetic Cardiac Valve	☐	☐
Epilepsy	☐	☐	Radiotherapy	☐	☐
Hepatitis	☐	☐	Respiratory Condition	☐	☐
High Blood Pressure	☐	☐	ie Asthma		
HIV	☐	☐	Rheumatic Fever	☐	☐
Human Growth Hormone	☐	☐	Shortness of Breath	☐	☐
Joint Replacement	☐	☐	Sleep Apnoea	☐	☐
Kidney Disease	☐	☐	Stroke	☐	☐
Liver Disease	☐	☐	Tuberculosis	☐	☐

Have you ever had any serious illness? .....

Signature ..... Date .....
(Patient, Parent or Guardian)

INFORMATION HANDLING PROCEDURES

Tindale Dental Centre 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 Centre 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.