

Welcome to SPDC! The following information is requested to enable us to give you our best attention. 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 or at www.spdc.com.au

Last Name _____ First Name(s) _____ Mr Mrs Miss Dr Other _____

Preferred Name _____ Occupation _____ Date of Birth _____

Telephone (M) _____ (H) _____ (W) _____

Address _____ Suburb _____ Postcode _____

Email _____ Would you like to receive emails from us? Yes No

Parent/Guardian/Emergency Contact (Name & Ph.) _____

Do you have Private Health Insurance? Yes No If Yes, what is the name of your fund? _____

How did you hear about us? Signage Yellow Pages Website Internet Ad

Friend/Relative Name: _____ Member of Staff: _____ Other: _____

Do you have, or have you ever had, any of the following: (Please tick if relevant)

- | | | | |
|---|--------------------------|---|--------------------------|
| HEART VALVE disorder | <input type="checkbox"/> | OSTEOPOROSIS or other BONE disease | <input type="checkbox"/> |
| HEART trouble of any kind | <input type="checkbox"/> | KIDNEY or THYROID disease | <input type="checkbox"/> |
| HIGH BLOOD PRESSURE | <input type="checkbox"/> | CANCER &/or related CANCER TREATMENT | <input type="checkbox"/> |
| Prolonged or excessive BLEEDING | <input type="checkbox"/> | DIABETES | <input type="checkbox"/> |
| Previous STROKE | <input type="checkbox"/> | EPILEPSY | <input type="checkbox"/> |
| ASTHMA, BRONCHITIS or other LUNG disease ... | <input type="checkbox"/> | Prosthetic implant (e.g. artificial hip) | <input type="checkbox"/> |
| History of HEPATITIS or other LIVER disease | <input type="checkbox"/> | Do you SMOKE? | <input type="checkbox"/> |
| ANAEMIA, LEUKAEMIA or other BLOOD disease | <input type="checkbox"/> | Ladies, are you, or might you, be pregnant? | <input type="checkbox"/> |
| Contact with HIV / AIDS | <input type="checkbox"/> | Any ALLERGIES e.g. to Latex or Penicillin | <input type="checkbox"/> |

Please provide details of any of the above conditions: _____

Do you have ANY other medical condition NOT mentioned above? _____

Please list ALL of the MEDICATION you take _____

Who is your General Medical Practitioner? _____ Phone _____

Please note: Full payment is required at the time of treatment. As a courtesy we have HICAPS for processing private health insurance claims. Sometimes claiming is not possible due to issues with Your **Health Fund**. If this is the case, payments must be *paid in full* at your appointment. You will then be given a receipt in order to make a claim from your health fund.

We accept payment by Visa, MasterCard, EFTPOS and Cash.

I have completed this form to the best of my knowledge and acknowledge that this represents an accurate medical history.
I have read and accepted the privacy policy on the reverse of this form.

Signature _____ Date _____ Signature (Dentist) _____ Date _____

WE RESPECT YOUR PRIVACY

In order to provide you with the highest standard of dental care, SPDC is required to collect personal information from you. This information covers basic details such as your name, address and telephone number. It is also necessary for the dentist to obtain from you, details regarding your general health and past medical or 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.

At SPDC, 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, for example if we refer you to a specialist practitioner, or if a laboratory is instructed to make a customised prosthesis for you.
- We may also use parts of your health information for research purposes, in study groups, at seminars or on our web-site as this may provide benefits to other patients. Should that happen, your personal identity will not be disclosed without your consent, to do so.
- 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 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 full Privacy Policy may be viewed on our website www.spdc.com.au or you may ask a member of our friendly reception team for a copy.
- Our team at SPDC is 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.