

Patient Medical History

Welcome to our practice



The following information is requested to enable us to give you our best attention. Each question is relevant to modern dental practice and is confidential.

Title	Given Names	Surname	Date of Birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Address		Suburb	Postcode					
<input type="text"/>		<input type="text"/>	<input type="text"/>					
Telephone (home)	Telephone (work)	Mobile	Email					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Emergency Contact (Given Names)		Emergency Contact (Surname)	Emergency Contact (phone)					
<input type="text"/>		<input type="text"/>	<input type="text"/>					
Type of Private Health Insurance for Dental Treatment:	<input type="checkbox"/> None	<input type="checkbox"/> HCF	<input type="checkbox"/> Medibank Private	<input type="checkbox"/> TUH	<input type="checkbox"/> MBF, HBA, Bupa	<input type="checkbox"/> Veterans Affair	<input type="checkbox"/> Defence Health	<input type="checkbox"/> Other

Are you under the care of a medical practitioner at present? If so, for what reason?

Please list any medications you are taking:

- Is there any reason for you to suspect that you may have AIDS, Hepatitis or are HIV positive? Yes No
- Have you taken Aspirin, Warfarin, Pradaxa, Xarelto, Equilis or any other blood-thinning medications? Yes No
- Have you ever taken any Bisphosphonate medication – usually prescribed for osteoporosis (poor bone density), Paget's disease and in some cancer treatments? Yes No
- Have you ever been advised by a doctor or dentist (because of prior surgery, heart disease etc) that you require an antibiotic cover as a precautionary measure whenever you have routine dental treatment? Yes No

Please tick if you have any of the following:

<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Contact with HIV/AIDS	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Allergy to Aspirin
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Prosthetic joints/Vascular surgery	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Allergy to Penicillin
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Haemophilia/prolonged bleeding	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Allergy to Latex
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart condition/Pacemaker/Cardiac Surgery	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Any other allergies to drugs/food/medicine
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure/Any blood disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> (Ladies only) Are you Pregnant?
<input type="checkbox"/> Any other illness or disability	<input type="text"/>		

I have confidential information that I do not wish to write down. I would prefer to speak to the Dentist about this.

I have completed this form to the best of my knowledge and on future visits will advise the Dentist of any changes to the history.

Signature	Date	<input type="button" value="Send"/>
<input type="text"/>	<input type="text"/>	

Thank you

PRIVACY STATEMENT

In order to provide you with dental care of a high standard, this practice needs to collect personal information from you. This information includes your name, address, telephone numbers, date of birth, emergency contact details as well as information regarding your general health and previous dental treatment.

Limestone Dental Group values the need to safeguard this information and as such the collection, storage and disposal of this personal information complies with the principles laid down in the Privacy Legislation.

This information will only be used by the practice in order to deliver dental care of the highest standard.

It will not be disclosed to those not associated with your treatment unless we are obliged to by law.

You may seek to access the information held about you in accordance with the provision set down in the Privacy Legislation. There will be no charge made for requesting this information but fees will be levied to cover the costs associated with the retrieval and copying of this information. Fees also apply to forwarding copies of your dental records to other dentists that you may request.

We will take reasonable steps to ensure that all times that the details we keep about you are accurate 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 staff are all trained to respect these principles at all times.