MEDICAL QUESTIONNAIRE

Private and Confidential

Title Dr / Mr / Mrs / Miss / Ms / Other **Surname** _____ **First Name** _____ **Date of Birth** ___/___/_____

Postal Address _____ **Postcode** _____

Phone (M) _____ **(H)** _____ **Email** _____ **Newsletter opt-out** ☐

Health fund for dental cover _____ **Veterans' Affairs Card No.** _____

Emergency Contact Name _____ **Contact Number**_____

How did you hear about us? _____

Please answer these questions fully or discuss them with your dentist. Information about your medical history is for your dentists use only.

Please indicate if you have **EVER** had any of the following, please give details including year:

YES NO

☐ ☐ High blood pressure
☐ ☐ Low blood pressure
☐ ☐ Blood disorder
☐ ☐ Heart surgery (e.g. pacemaker, valve replacement)
☐ ☐ Blood thinners (e.g. Aspirin, Warfarin, Clopidogrel, Xarelto)
☐ ☐ Rheumatic fever
☐ ☐ Any other heart complaint/treatment
☐ ☐ Osteoporosis
☐ ☐ Bisphosphonates? (e.g. Fosamax, Actonel, Prolia, Aclasta)
☐ ☐ Arthritis
☐ ☐ Diabetes
☐ ☐ Autoimmune disease
☐ ☐ Corticosteroids (e.g. Cortisone, Prednisone)

YES NO

☐ ☐ Joint replacement (e.g. hip, knee)
☐ ☐ Organ or bone marrow transplant
☐ ☐ Treatment for cancer (e.g. radiation, chemotherapy)
☐ ☐ Lung condition (e.g. asthma, bronchitis)
☐ ☐ Liver disease (e.g. Hepatitis, jaundice)
☐ ☐ Thyroid disease
☐ ☐ Nervous system disorder (anxiety, depression, epilepsy)
☐ ☐ Stomach or Gastrointestinal problems (e.g. reflux)
☐ ☐ Sinus problems
☐ ☐ Currently active cold sores
☐ ☐ Are you currently pregnant or breastfeeding?

Due date_____

Smoker? Never ☐ Formerly ____/day Currently _____/day

Allergies ☐ Nil known ☐ Yes _____

For any questions answered YES, please provide additional details and list medication names _____

_____

_____

☐ ☐ Are you receiving any OTHER medical treatment at present? _____

☐ ☐ Are you taking ANY medications not already mentioned? (e.g. Coversyl, Norvasc, Avapro, Nexium, Micardis, natural, herbal)

_____

☐ ☐ Have you had any OTHER serious or long-standing illness? _____

☐ ☐ Have you been hospitalised in the last 2 years?_____

Medical practitioner _____ Suburb _____

I agree that the above is a true and accurate record. I understand that payment on the day of treatment is required. Any expenses, costs or disbursements incurred by Latrobe Smile Care in recovering any outstanding monies including debt collection fees and solicitor costs shall be paid by the responsible party above. I further acknowledge that failure to attend any appointment without notice may also result in a deposit requirement prior to future appointments being scheduled. I have read and agree with the privacy statement on the back of this document.

PLEASE NOTE: The medical history form will be electronically copied to your clinical record file and the original will be subsequently destroyed. By signing this document, you agree to this process. This form is a guide only and you should discuss any relevant matters with your dentist prior to the commencement of any dental treatments.

Signature X _____ **Date** ___/ ___ / _____

IF UNDER 16, person responsible for account:

Name_____Relationship to patient_____

Postal Address_____Postcode_____

Phone (M)_____(H)_____E-mail _____

IF THIRD PARTY, insurance company/employer responsible for account _____

PRIVACY STATEMENT

Latrobe Smile Care ("LSC") respects your right to privacy and considers all of the information you have provided in this form to be personal information for the purposes of the Privacy Act 1988 (C'th) as amended ("Privacy Act").

Why LSC collects your personal information?

LSC collects your personal information primarily to enable it to provide health care services to you in the most appropriate and efficient way. LSC, its related companies or agents ("Related Persons") may also use this information to promote health and related services to you or for other purposes permitted under the Privacy Act.

How LSC collects your personal information

Where possible we collect your personal information directly from you and where that is not reasonably practicable, we may collect your personal information from other sources.
LSC may collect personal information directly from you when:

- you complete a medical history form such as this one;
- you request information concerning LSC's services in person, by phone or online.

In addition, we may collect personal information from Related Persons or health service providers such as health insurers, government agencies, hospitals, doctors and medical specialists.

How LSC uses your personal information?

LSC uses your personal information in accordance with National Privacy Principles. The personal information is used to:

- provide you with health and related services, including appointments and follow up services;
- promote the health-related products and services of LSC and Related Persons.

Your agreement

By providing your personal information to us in this form or by other means you acknowledge and agree that LSC may:

- collect and use your personal information to provide health and related services to you;
- collect and use your personal information to contact you for market research and to provide you with information and offers about health-related products and services offered by LSC and Related Persons; and
- disclose your personal information on a confidential basis to Related Persons who may contact you for promotional and informational purposes in relation to health-related products and services.

Our staff may contact you on available telephone numbers and email addresses. When our staff contact you and you are not available, they may leave messages which identify the caller or sender and the purpose for which the communication is made.

Whenever you are provided with market research or marketing information by LSC or Related Persons you will be offered the opportunity to inform us if you do not want your personal information to be used for those purposes in the future.

Please contact LSC if you have any questions, comments or concerns regarding privacy matters or you do not want your personal information used for marketing purposes.