

Welcome to Kenmore Dental Centre

To help us give you the best possible treatment, please answer the following *confidential* questions to help us get to know you better and understand your dental needs.

Title: Dr / Mr / Mrs / Ms / Miss / Master (please circle)

Date of Birth: ____/____/____

Surname: _____

Phone: _____

First Name: _____

Mobile: _____

Address: _____

Email: _____

Suburb: _____

Post code: _____ **Occupation:** _____

Opt out of communications (e.g. email newsletters)

Are you covered by a health fund? Yes, *fund name:* _____ No

Are you currently receiving medical treatment? Yes, *details:* _____ No

Are you currently taking any medications? Yes, *details:* _____ No

Have you ever suffered a serious illness? Yes, *details:* _____ No

Do you have any allergies? Yes, *details:* _____ No

Have you had any dental treatment in the past that you would like us to know about? Yes, *details:* _____ No

Do you have any abnormal reactions to local or general anesthesia? Yes, *details:* _____ No

Have you taken aspirin in the past two days? Yes No

Have you taken steroids in the last two years? Yes No

Are you a smoker? Yes No

Are you pregnant or breastfeeding? (*females only*) Yes No

Do you normally require antibiotic cover before dental treatment? Yes No

Please tick if you have or have had any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart attack, disease, surgery, murmur, disorder or complaint | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Cardiac pacemaker | <input type="checkbox"/> Transplants | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Kidney/liver disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Bruise/bleed excessively | <input type="checkbox"/> Bone disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Artificial joints | <input type="checkbox"/> Blood disease | <input type="checkbox"/> Rheumatic fever |
| | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Thyroid disease |

How are you feeling about your visit today? (please circle)

At Ease 2 3 4 5 6 7 8 9 Very Anxious

How did you hear about us? (Please circle)

Google online search / Social Media (Facebook - Google - Other) / Signage / Newsletter / Newspaper / Qld Health / Health fund / Friend or word of mouth / Other Promotion : _____

Please Note:

- ✓ Payment is required at the end of all visits, as we do not operate accounts.
- ✓ The information you have provided is handled in accordance with the Privacy Policy established by the Australian Dental Association (ADA).
- ✓ If you must cancel your appointment, we require 24 hours notice or a cancellation fee may apply.
- ✓ You are giving consent to be examined and/or treated by our dental staff.
- ✓ I acknowledge that I have read and understood the Kenmore Dental Centre Privacy Policy.

Patient Signature: _____

Date: ____/____/____

(Parent/Guardian please sign if the patient is a child under 18 years of age)

Thank you!

Kenmore Dental Centre Privacy Policy

In accordance with the federal Privacy Act 1988 the Privacy Policy of Dental Centre includes:

- Information collected from a patient may include personal details such as name, address, telephone numbers, date of birth & health insurance details for the purpose of addressing accounts, processing payments and communicating with the patient.
- We may also require a patient's full medical history to ensure we are able to provide a proper diagnosis and the highest quality care and treatment.
- The information collected will only be available to the Practice providers and staff within the Practice.
- Disclosure of this information to third parties could occur through referral to other practitioners for further treatment, tests or reports but patient consent will be obtained. This would occur if necessary in the context of patient treatment.
- We may also use parts of a patient's health information for research purposes, in study groups or seminars for the purpose of improving individual and community healthcare practices. Should this occur any reference to the patient's identity would be removed and not disclosed without patient consent.
- Using the consent process, including formal documentation if required, the release and exchange of health and medical information will be via patient collection or electronically via email. Electronic transfer of records will be carried out according to strict practice guidelines to ensure confidentiality is not compromised.
- Information collected by all staff and practitioners will be recorded with discretion and managed within the practice to ensure patients are not compromised and can be confident this information will be protected. Staff and practitioners are trained to respect the privacy of patients including the sensitivity of personal details and are required to sign a confidentiality clause as part of their employment contract.
- All personal information is stored electronically on a password protected computer system which is protected by physical and software firewalls. Software upgrades are kept current to ensure security around sensitive information.
- Personal or sensitive information is kept whilst patients remain with the practice. Kenmore Dental Centre will destroy or de-identify any of your information that is no longer required.
- Under the privacy laws, patients have right of access to their dental records held at the practice. We welcome patient requests to inspect or request copies of their treatment records. The following procedures have been developed to ensure these requests are dealt with as efficiently as possible
 - All requests for access to be made in writing using the Request for Release of Dental Records form
 - A patient will not be permitted to remove any of the contents of their dental file from the practice nor will they be permitted to alter, or erase information contained in the dental record. If any information is inaccurate a patient is encouraged to ask us to alter their records accordingly in writing.