KN ORTHODONTICS

MEDICAL / DENTAL HISTORY FORM

Patient information

Mr. Mrs. Ms. Miss. Master. Other_______________ Gender _____________ Date of Birth ________/________/________

Surname ___________________________ First Name__________________________ Preferred Name___________________

Address ____

Suburb ____ Post Code __________________________

Phone 1 ____ Phone 2 ____

Email Address ____

School / University / Occupation ____

Family Dentist Name or Dental Practice ____

Do you have a letter of referral? **NO / YES** (if yes, list here) ____

Have you had X-Rays taken of your teeth? **NO / YES** (if yes, which company) __________________________________

Do you have a health fund? **NO / YES** (if yes, please list here) ____

How did you hear about us: DENTIST / SCHOOL / WEBSITE / FAMILY / FRIEND

Other ____

Account details *(the person responsible for the account)* **(if as above, write AS ABOVE)**

Mr. Mrs. Ms. Miss. Other__________ Name ____________________________________ Relationship _______________

Address____

Suburb______________________________________ Post Code______________ Phone ____________________________

Medical History

Any current illness/s? **NO / YES** if yes, list here ____

Any current medication/s? **NO / YES** if yes, list here ____

Any allergies? **NO / YES** if yes, list here ____

Developmental Considerations? **NO / YES** if yes, list here ____

PLEASE TICK

Condition	NO	YES	Condition	NO	YES
Heart Disorder / Disease	☐	☐	Major illness or disabilities	☐	☐
Heart Murmur	☐	☐	Speech or hearing difficulties	☐	☐
High or Low Blood Pressure	☐	☐	Contact with HIV / AIDS virus	☐	☐
Rheumatic Fever	☐	☐	Asthma	☐	☐
Prolonged bleeding due to injury	☐	☐	Hepatitis	☐	☐
Diabetes	☐	☐	Do you need antibiotic cover for dental treatment	☐	☐
Epilepsy	☐	☐			

PLEASE TURN OVER

We respect your privacy

In order to provide you with the highest standard of dental care, this practice is required to collect personal information from you. This information covers the basic details such as your name, address and telephone number but it also necessary for the orthodontist to obtain from you details regarding your general health and past medical history or surgical events. Without this general health picture, the treating orthodontist 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.

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 practitioner in order to deliver your care to the highest standards
- It will not be disclosed to those not associated with your treatment, without your express consent
- You may seek access to the information held about you. 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 the request of 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 unauthorized access, modification or disclosure
- Our staff are trained to respect these principles at all times

If you have any questions regarding the information we collect from you and hold in your records, please do not hesitate to ask us. We are acting in your interests at all times

I certify that the above information is correct and I have read and accepted the privacy policy. I will advise the orthodontist of any changes to the above information.

Signed____ Date __________________________

(parent or guardian if patient is under 18 years)