PacificSmilesDENTAL

New Patient Details Form

Title Dr / Mr / Mrs / Miss / Ms/ Other

Surname _____ First name _____ Date of birth ___/___/ _____

Preferred name _____ Your occupation _____

Home address _____

_____ Postcode _____

Postal address _____ Postcode _____

Phone (Mob) _____ (Hm) _____ (Wk) _____

Email _____

Health fund for dental cover _____ Membership No. _____ Patient ID. _____

Medicare Card No. _____ Patient ID. _____ Vet Affairs Card No. _____

Emergency contact _____ Relationship to patient _____ Contact No. _____

Medical Practitioner _____ Contact No. _____

Person responsible for account (must be completed if patient under 16, if same as above please tick here ☐)

Name _____ Relationship to patient _____

Address _____ Postcode _____

Phone (Mob) _____ (Hm) _____ (Wk) _____

If third party, insurance company/employer responsible for account _____

Are you a Velocity Frequent Flyer member? YES / NO Membership No. _____

Medical Questions – Private and Confidential

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

Past/Current medical conditions: (please circle)

Are you receiving any medical treatment at present? YES / NO Details _____

Have you had any serious or long standing illness? YES / NO Details _____

Have you ever been hospitalised? YES / NO Details _____

Are you currently pregnant or breastfeeding? YES / NO Due date if pregnant: _____

Do you or have you ever smoked? YES / NO How many per day? _____

Do you drink alcohol? YES / NO Amount per day or week? _____

Have you ever had or are you currently receiving treatment for cancer? YES / NO
Details _____

Are you allergic to any medications/tablets/antibiotics or other? YES / NO Details _____

_____

Current medications (prescription, over the counter, herbal) _____

_____

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Please indicate if you have EVER had any of the following:

Any heart complaint / treatment	YES / NO	Tuberculosis	YES / NO
Rheumatic fever or heart valve surgery	YES / NO	Any nervous system disorder	YES / NO
High or low blood pressure	YES / NO	Gastric ulcer / digestive conditions	YES / NO
Blood disorders	YES / NO	Asthma / bronchitis / lung conditions	YES / NO
Anti-coagulant therapy	YES / NO	Radiation therapy / chemotherapy	YES / NO
Joint replacement surgery	YES / NO	Thyroid disease	YES / NO
Osteoporosis or bone disease	YES / NO	Hepatitis A,B or C	YES / NO
Epilepsy	YES / NO	Jandice or other liver diseases	YES / NO
Diabetes	YES / NO	Transplanted organ or bone marrow	YES / NO
HIV or other blood borne viruses	YES / NO	Arthritis	YES / NO
Steroid therapy	YES / NO	Depression / anxiety	YES / NO
Sinus trouble	YES / NO	Kidney disease	YES / NO
Stroke	YES / NO	Bisphosphonate medications	YES / NO

Dental History – Private and Confidential

When was your last dental examination and clean? _____

Are you currently experiencing pain or a specific dental problem? YES / NO

Details _____

Are you nervous, anxious or ever had a bad experience at a dental visit? YES / NO

Details _____

Are you happy with the appearance of your teeth and smile? YES / NO

Details _____

Do you have bleeding gums or have you ever been diagnosed with or treated for gum disease? YES / NO

How frequently do you brush your teeth? ONCE A DAY / TWICE A DAY / Other _____

How frequently do you floss or use brushes to clean between your teeth? _____

Is there anything you would like to talk to your dentist about that you are not comfortable writing on this form? YES / NO

Would you like to discuss or find out more about any of the following: (please circle)

Replacement of missing teeth Cosmetic appearance Removal of wisdom teeth Crowns Veneers

Tooth whitening Bad breath Bleeding gums Tooth grinding / Clenching Root canal treatment

Replacement of silver (mercury) fillings Dentures Implants Orthodontics

I agree that the above is a true and accurate record. I understand that this Pacific Smiles Dental centre requires payment on the day of treatment. Any expenses, costs or disbursements incurred by the Pacific Smiles Dental centre 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 non-refundable deposit requirement prior to future appointments being scheduled. I have read and agree with the privacy statement provided to me.

PLEASE NOTE: This 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 _____ Date ____ / ____ / _____

PacificSmilesDENTAL

Privacy Statement

Pacific Smiles Group Limited ("PSG") respects your right to privacy and considers all of the information you have provided to us to be personal information for the purposes of the Privacy Act 1988 (C'th) as amended ("Privacy Act").

Why PSG collects your personal information?

PSG collects your personal information primarily to enable it to provide health care services to you in the most appropriate and efficient way. PSG, 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 PSG 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.

PSG may collect personal information directly from you when:

- you complete a new patient details form or a medical history form;
- you request information concerning PSG'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.

We may provide information to Related Persons of PSG to assist them in developing and promoting health-related products and services that may be of interest to you (unless you ask us not to).

How does PSG use your personal information?

PSG 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 PSG and Related Persons.

Your agreement

By providing your personal information to us you acknowledge and agree that PSG 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 PSG 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 PSG 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 refer to PSG's Privacy Policy at www.pacificsmilesdental.com.au for further details or contact the Privacy Officer via email to privacy.officer@pacificsmiles.com.au or mail to The Privacy Officer, PO Box 2246, Greenhills, NSW 2323, should you have any questions, comments or concerns regarding privacy matters, or you do not want your personal information used for marketing purposes.