Creswick Dental Centre

NEW PATIENT DETAIL FORM

Mr / Mrs / Ms / Miss / Mast/ Dr / other _____

First Name_____ Surname _____

Preferred Name_____ Date of Birth _____/_____/_____

Mobile phone _____ Home/work phone _____

Home Address:_____

Suburb _____ Post code _____

Postal address if different_____

Email address _____

Occupation _____

Person responsible for the account if not the patient: _____ Contact No_____

Emergency contact name _____ Contact No _____

Relationship to patient _____

Medical Practitioner _____ Contact No_____

Health Fund Details for dental extras _____ Membership No _____Patient ID_____

Medicare number(10 digits)_____ Patient ID (No: against your name)_____ Exp_____

How would you prefer your appointments to be confirmed SMS / email / phone call (please circle)

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

Do you need to take antibiotic cover before dental treatment? _____

Do you have an allergy to medications, antibiotics, latex? _____

Are you receiving medical treatment at the moment?_____

What is your smoking status: Non-Smoker / Ex-Smoker / Current Smoker. How many a day? _____

Are you taking blood thinners YES/NO If yes, which one _____

Medications you are currently taking (prescription, over the counter, herbal)_____

_____

Do you have Dental anxiety/needle phobias? _____ Last dental visit _____

Previous dentist _____ How did you find us_____

Please turn over...

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

Any heart complaint / Pacemaker	YES / NO	Tuberculosis	YES / NO
Rheumatic fever / heart valve surgery	YES / NO	HIV or other blood borne viruses	YES / NO
High or low blood pressure	YES / NO	Hepatitis A, B or C (circle)	YES / NO
Gastric / digestive conditions (ulcers reflux)	YES / NO	Nervous system disorder (MS, Parkinson's)	YES / NO
Blood disorder (e.g. anaemia, clotting)	YES / NO	Radiation therapy / chemotherapy	YES / NO
Stroke	YES / NO	Thyroid disease	YES / NO
Epilepsy	YES / NO	Jaundice or other liver diseases	YES / NO
Diabetes Type 1 / 2 (circle)	YES / NO	Kidney disease	YES / NO
Transplanted organ or bone marrow	YES / NO	Depression / anxiety (circle)	YES / NO
Steroid therapy	YES / NO	Arthritis (osteo-, rheumatoid)	YES / NO
Sinus trouble	YES / NO	Joint replacement surgery	YES / NO
Are you currently pregnant?	YES / NO	Osteoporosis or bone disease	YES / NO
Asthma/ bronchitis / lung conditions	YES / NO	Bisphosphonate medications **(Prolia, Fosamax)**	YES / NO
Sleep apnoea / use CPAP machine	YES / NO	Are you currently pregnant?	YES / NO

Any other conditions not listed above: _____

Dental Photography Consent

I authorise the dentist and support staff to take photographs, and/or videos of my/my dependant's face, jaws, and teeth, before, during and after treatment.

Photographs/videos will be filed with my clinical records.

I further understand that if the photographs and/or videos are used, my name or other identifying information will be used for clinical purposes only, such as specialist referrals, and be kept confidential.

Signature: _____ Date: ____/_____/_____

Consent for Collection of Confidential Information

I have to the best of my knowledge accurately completed this form and agree for Creswick Dental Centre to provide dental treatment in consultation with myself or another nominated person. I agree to be responsible for the full payment of fees for any treatment on the day unless **prior** arrangement is made. I acknowledge that I may be charged any costs Creswick Dental have incurred through recovering unpaid amounts from me, including costs incurred through using external debt collection agencies or solicitors.

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 treatment.

Signature _____ Date _____

This QR code is available for quick access to our Consent Process Policy. The Policy is also available on our website.