Preferred title: ____ **Date of Birth** ___/___/___

First Name _____

Last Name _____

Address _____

_____ Postcode: _____

Phone Number(s): Home/Mobile/Business

_____

Email _____@_____

Parent / Guardian/ Carer name (if applicable)

_____

Contact Phone Number _____

Emergency Contact Name

_____

Contact Phone Number _____

Medical Doctor:_____

Phone:_____

Address:_____

_____

Person responsible for the fees? □ Self
□ Other
Name _____

Address _____

_____

Phone number:_____

Department of Veterans Affairs' Card Number (if applicable)_____

Is this consultation related to Workcover or a Work related injury or Transport Accident?
□ Yes □ No

Who Recommended this practice to you?

_____

_____

We ask you to provide us with your full medical details so that we can accurately and safely assess, diagnose and treat your health care needs.

Medical History
To the best of your knowledge do you have or have you suffered from the following?

□ Stroke
□ High Blood Pressure
□ Thyroid disease
□ Depression
□ Epilepsy
□ Excessive bleeding or blood disorder
□ Ears, Nose or Throat Disease
□ Heart Surgery
□ Heart Disease
□ Tuberculosis
□ Anxiety
□ Kidney disease
□ Stomach or bowel problems
□ Rheumatological condition
□ Asthma
□ Rheumatic fever
□ HIV / AIDS
□ Cancer If so, where _____
□ Neurological(nerves) problems
□ Other _____
□ Lung disease
□ Diabetes if so, 1 or 2
□ Hepatitis if so, A B C

Do you have an artificial hip, heart valve or other prosthetic device in your body? □ Yes □ No

Females, are you pregnant? Y/N

Females, are you breast feeding? Y/N

Have you ever had any problems with dental treatment? Yes □ No □ _____

Do you drink alcohol? □ Yes □ No

If Yes, how many per week?_____

Do you smoke? Yes □ No □
If Yes, how many per day? _____

If Yes, how many years? _____

Any other relevant medical history?

_____

Allergies and Adverse Reactions
Do you have any allergies?
Yes □ No □ _____
Have you had any adverse reactions to drugs, medicines or latex? Yes □ No □
If yes state allergy/reaction _____

_____

Medicines
There are many medications that may impact upon your oral health or the treatment we plan for you. Please indicate any medications that you are currently taking or have taken recently (including natural therapies).
Alternatively a list from your GP can be attached.

□ _____

□ _____

□ _____

□ _____

I have completed this questionnaire to the best of my knowledge and understand that failure to make a full disclosure may place me or the person for whom I am the guardian at undue medical risk. I understand that notes, radiographs (x-rays), models relating to my treatment may need to be sent to other practitioners to aid them in treatment and I consent to this. I also give permission for the practice to use the above contact details to send me appointment and check up reminders.

Signature _____

Date ___/___/_____

Privacy policy

Please be aware that your privacy is protected at all times. As mentioned on the previous page, information may be sent to other health professionals to aid in your care. Please see our full privacy policy available at reception.

Fees

Dr Oliver is a dental specialist and as such his fees are only rebatable through your dental health insurance. Dr Oliver's fees can not be claimed through Medicare. DVA patients and work cover patients can claim Dr Oliver's fees from the DVA or their appropriate work cover agency.

The rebate you will receive from your dental health insurance for a given item number or treatment is entirely up to your dental health insurance agency. If you would like to know what your rebate will be for a particular treatment/item number, the relevant item number can be provided to you by our office and you can then contact your insurance agency to find out what your rebate will be.
Who is your Private Dental Health Insurance provider_____?

We do request payment on the day. Any outstanding account will incur a 2.5% administration fee immediately if not paid on the day and an additional 2.5% administration fee for each week that the account remains outstanding either in part or in whole.

Cancellation Policy

We require 24 hours' notice if you wish to cancel your appointment. If your appointment is cancelled within 24 hours, you may incur a $90 cancellation fee.

Failure to attend

Failure to attend an appointment is likely to incur a $90 cancellation fee, irrespective of whether the appointment was confirmed or not

Confirmation of appointments

We do require prior confirmation from you to secure your appointments. If we do not receive confirmation from you for a given appointment, we can not guarantee that you will be seen for that given appointment. Your appointment may need to be rescheduled until a later date and time. Confirmation is required and may be made via phone call, SMS message or email.

How would you like to confirm your appointments?

Mobile phone call ☐ SMS ☐ Email ☐ Land line phone call ☐

Agreement to terms and conditions

I have read and I understand the terms and conditions detailed in this document. I agree to the terms and conditions detailed in this document.

Name: _____Signature: _____Date: _____