

Please be aware, surgery policy states that payment is to be made on the day of service

Mr/Mrs/Ms/Dr/Master/Miss (*Circle*)

Surname: First:

Address: Suburb: Postcode:

Email Address: Date of Birth:

Home: Mobile: Work:

Medicare Number: Ref:

Nearest Emergency Contact: Phone Number:

How would you like to receive your Dental Recall? (*please circle*) SMS Email Letter

Person responsible for account (if other than self):

Private Health Fund: Dental Extras: *Yes No* Member Number: Ref:

Have you had or do you have any of the following medical conditions? Circle Yes or No

Heart Murmurs	Yes	No	Blood Pressure: Low / High	Yes	No
Heart Attack	Yes	No	Cardiac Surgery or Pacemaker	Yes	No
Asthma	Yes	No	Diabetes	Yes	No
Rheumatic Fever	Yes	No	Hepatitis: Type: Year:	Yes	No
Epilepsy/Fits	Yes	No	Transmissible Disease (TB/ HIV)	Yes	No
Females Only: Are you pregnant at this time?	Yes	No	Are you allergic to: Penicillin	Yes	No
Does this patient have special needs?	Yes	No	Latex	Yes	No
			Others	Yes	No

Are you taking Anticoagulant (blood thinning) medication? *Yes No*

Has your medical practitioner specified you require Antibiotic Cover for dental treatment? *Yes No*

Have you had lap band surgery? *Yes No* Is your weight over 120kg? *Yes No*

Are you currently or have you had treatment for Osteoporosis? *Yes No*

Do you Smoke? *Yes No*

Are you taking any Drugs or Medication at present? (If so please list) *Yes No*

Are you currently having or have you had treatment for Cancer OR Bisphosphonates? (*If yes, Please circle one*)

Have you previously had ANY reaction to Dental Procedures?

Name of your General Practitioner and Surgery:

Are you Aboriginal or Torres Strait Islander? *Yes No*

How did you hear about Moonah Dental Centre? (*please circle*)

Yellow Pages online Google Facebook Friends/Family Yellow Pages Book Shopper Docket

Bus Advertisement Billboard Sign Dental Referral Health Fund Other (please specify).....

I declare that the information provided is true and correct

SIGNATURE: **DATE:**

PRIVACY ACKNOWLEDGEMENT

1. We acknowledge our obligation to you under the privacy act 1988 (as amended December 2014)
2. Personal information collected from you will be used primarily to insure that you receive optimal care, but may be used for other purposes. 3. The use of your personal for a limited number of purposes, e.g to provide care to you, does not require your consent, if we want to use the information for other purposes we will ask you for your consent. 4. In the event of default, the Customer will be liable for the collection costs incurred.

