davidroberts prosthodontist

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Registered Specialist.
Crowns, Bridges, Implants, Dentures, Oral Rehabilitation.

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PATIENT DETAILS

Title: Surname:……...

First Name:……. Preferred Name:…….…….

Home Address:……..

……Postcode……

Phone: Home……..Work:…….....

Mobile:…….. Date of Birth:……

Email:……

Are you happy for us to leave a message at (please circle): ☐ Home ☐ Work ☐ Mobile ☐ Email ☐ All ☐ None

Occupation:……..

Private Health Insurance:……...

Dept of Veteran Affairs File Number: *(if applicable)*…….

Clinical photographs are taken as part of your treatment diagnosis and planning, please indicate your permission to have these taken:

In case of emergency details:

Contact……Relationship……...

Phone……

MEDICAL HISTORY

It is important to know details about your medical history as these could affect the success of oral health care. Please speak with the dentist if there is anything you do not want to put in writing. The information you provide is confidential.

Who is your doctor?.....

Who is your dentist?.....

Please list any medicines or tablets that you take

……

……

.....

{Please note there are two sides to this form}

Are you allergic to any drugs?.....

Do you smoke?..... Women: Are you pregnant?.....

Do you have, or have you ever had, any of the following medical conditions?
(Please tick appropriate boxes)

	No	Yes		No	Yes		No	Yes
Heart complaint	☐	☐	Bronchitis, asthma, emphysema, lung disease	☐	☐	Stomach/digestive disorder	☐	☐
Rheumatic fever	☐	☐	Kidney disease	☐	☐	Contact with HIV/AIDS	☐	☐
Heart valve disorder eg heart murmur	☐	☐	Thyroid disease	☐	☐	Anaemia, leukaemia, other blood disease	☐	☐
Cardiac pacemaker	☐	☐	Nervous condition	☐	☐	Excessive bleeding	☐	☐
Stroke	☐	☐	Cancer	☐	☐	Arthritis / joint problems	☐	☐
High blood pressure	☐	☐	Radiation therapy	☐	☐	Prosthetic or other implant eg artificial hip, shunt	☐	☐
Diabetes	☐	☐	Hepatitis or other liver disease	☐	☐	Any other health problem	☐	☐
Steroid therapy	☐	☐	Epilepsy	☐	☐			

Patient Signature:……..

Date:……

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 basic details such as your name, address and telephone number but it is also necessary for the dentist to obtain from you details regarding your general health and past medical or surgical events. Without this general health picture, the treating dentist 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 dentist in order to deliver your care to the highest standards.

 It will not be disclosed to those not associated with your treatment without your consent except as provided under the legislation and where we consider you would have a reasonable expectation of us to provide such information.

 You may seek access to the information held about you and we will provide this access without undue delay. 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 just to cover the costs associated with the processing of this request or 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 unauthorised 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 dental records, please do not hesitate to ask us. We are acting in your interests at all times.