

Mr/ Mrs/ Ms/ Dr/ Other First Name _____ Surname _____

Preferred Name: _____ Your Date of Birth: _____

Home Address _____ Suburb: _____ P/Code _____

Hm Phone _____ Wk Phone _____

Mobile _____ Email _____

Please state Father/Mother/Guardians name (if applicable): _____

Occupation: _____

Who is responsible for the account: _____

Who referred you to this practice? _____

Emergency Contact Name: _____ Relationship: _____ Ph Number: _____

Medical History

Have you had or are you suffering from: - Please tick if Yes, specify if necessary or include any extra information

- Cardiac/Heart Trouble _____ Epilepsy _____
- Blood Pressure Problem _____ Nervous Disorders _____
- Diabetes _____ Bleeding Problems/Disorders _____
- Infectious Disease _____ Asthma/Respiratory Problems _____
- Cancer _____ Liver or Kidney Disease _____
- Rheumatic Fever _____ Osteoporosis _____
- Arthritis _____ Are you pregnant? If so, how many weeks? _____
- Allergies _____
- Any other medical history your dentist should be made aware of? _____

Please list any Medications you are currently taking:

Medications	Condition you are taking the Medication for:

The details sought are important for your appropriate care and treatment. This form is confidential. Please ensure that every question is answered.

I have accurately completed this pre-clinical questionnaire to the best of my knowledge. I hereby give my authority for any treatment agreed upon by me, to be carried out by the Endodontist and their Staff and assume full financial responsibility for said treatment. I hereby state that I have read, understand & agree to the Malvern Endodontics payment terms and conditions. Treatment will be paid for on the day of visit.

Signed by _____ Date _____
(Parent or Guardian if Patient is a Minor)

YOUR HEALTH INFORMATION and OUR PRIVACY POLICY

Our practice respects your right to privacy and it has systems and processes in place to ensure it complies with the Australian Privacy Principles. This statement is a brief summary of the practice's privacy policy. The complete policy is available on request.

Our practice Malvern Endodontics PTY LTD (ABN 982 4856 9549) trading as Malvern Endodontics collects information about you for the purpose of providing health services to you. In addition, personal information such as your name, address and health insurance details are used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your health care. We may collect information about you from third parties providing the collection of that information is necessary to provide you with health care.

We may disclose your health information to other health care professionals, or require it from them if, in our judgement, it is necessary in the context of your care.

We may also use parts of your health information for research purposes, in study groups or at seminars; however, in such situations, your personal identity will not be disclosed without your consent.

If you choose not to provide us with information relevant to your care, we may not be able to provide a service to you, or the service we are asked to provide may not be appropriate for your needs. Importantly, if you do not provide information that may be relevant to your care or that is otherwise requested by us, you could suffer some harm or other adverse outcome.

Your medical history, treatment records, x-rays and any other material relevant to your care will be stored by the practice. The practice privacy policy sets out how you can access your records or seek correction of your records.

The practice privacy policy sets out how you may complain about a breach of privacy and how the practice will deal with such a complaint.

As part of its electronic records system, the practice may rely on cloud storage providers located outside Australia. The practice will take reasonable steps to ensure that any offshore transfer complies with its obligations under Australian privacy laws.

The practice Privacy Officer can be contacted at the practice during business hours on 03 9509 7913 if you have any concerns or questions about a privacy matter.

