

Medical History Form

Personal details:

The information you provide is confidential and will be handled in accordance with the Australian Dental Association privacy policy. Please keep us updated should you change your contact details in the future.

Title: Mr Mrs Ms Miss Dr Others:

Surname:

First name:

Preferred name:

Date of birth:

Address (home):

..... Postcode:

Occupation:

Contact details:

Phone (home):

Phone (mobile):

Email:

Preferred method of contact:

SMS Email Phone Mail

Medical history:

It is important the details about your medical history are accurate as this could affect the success of your dental treatment.

Are you being treated by a doctor at present?

No Yes

Are you taking any tablets or medicines?

(including prescribed over the counter)

No Yes

If yes, list medications:

.....
.....
.....

Do you have any concern regarding the following conditions:

Tooth pain or sensitivity No Yes

Bleeding or swollen gums No Yes

Loose teeth No Yes

Bad breath and/or bad taste No Yes

Dental cosmetics No Yes

Jaw and muscle pain No Yes

Teeth grinding and wearing No Yes

Sleep problems No Yes

(including snoring & sleep apnoea)

Any other dental concern:

.....
.....

In case of emergency:

Name:

Phone:

Your medical practitioner:

Name:

Phone:

Private health fund with dental cover:

No Yes

If yes: Bupa Medibank Others:

Card/Membership no: Ref no:

How did you find us:

Family/friends (Ref by):

Drive past Facebook Google Siri

Others (please list):

Do you have, or have you ever had, any of the following medical conditions:

Asthma No Yes

Any lung diseases No Yes

High/Low blood pressure No High Low

Heart and Heart valve condition No Yes
(including murmur)

Prosthetic implant No Yes
(including joint replacement & cardiac pacemaker)

Diabetes No Yes

Stroke No Yes

Epilepsy No Yes

Nervous conditions No Yes
(including depression)

Excessive bleeding No Yes

Anaemia or any blood diseases No Yes

Hepatitis or other liver diseases No Yes

Cancer & cancer treatment No Yes
(including radiation therapy)

Allergies (Including latex) No Yes

Do you smoke? No Yes How many ()

For ladies: Are you pregnant? No Yes Weeks ()

Any other condition(s):

.....

Please turn over page >

Medical History Form Cont.

Our policies:

Payment:

- Treatment is payable on the day in full.
- We accept cash, cheques, EFTPOS, Mastercard and Visa.
- We have HICAPS facility for instant claim of your rebate from most health funds. However, many funds only allow HICAPS processing on the day of treatment. You must present your membership card for processing. If you are unable to present your membership card for claiming on the day, payment is required in full. A receipt will be produced to you so you can claim the rebate directly.

Deposit:

- To secure an extended appointment a 10% deposit is required, based on the treatment for that visit. This deposit is credited to your account.

Rescheduling or Failure to Attend:

When you make an appointment at Dental Logic, that time is reserved exclusively for you. We also understand that circumstances do arise where it is unavoidable to reschedule an appointment.

Due to the high demand for appointments, the following Cancellation Policy applies:

- We respectfully request that you provide 48 hours notice should you need to reschedule or change your appointment time.
- If less than 24 hours notice is provided, this may incur an \$80 fee OR forfeit of any deposits in place to secure your appointment.
- Fees are non-refundable and are not part of your treatment cost.
- A courtesy SMS reminder will be sent to your mobile phone 2 days prior to your appointment. Please reply Y to confirm your appointment.
- If you need to change your appointment, please call us on **(03) 9735 5667** or email us at **admin@dentallogic.com.au**
- We do offer an option to go onto our priority standby list - please let us know if this service may work for you.

I have read and fully acknowledge all of the above policies by signing below:

Signature: X **Date:**

(Patient/Guardian)

Guardian's name:

"Our best reward is our patients' great smiles!"