BrisbaneProsthodontics

perfect smiles

Welcome to our Practice

Title: _____ Last Name: _____ First Name(s): _____

Home Address: (PO Box is not acceptable) _____ Post Code: _____

Work Address: _____ Post Code: _____

Preferred Mailing Address: _____ Post Code: _____

Email Address: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Phone No.:_____

Do you have Dental Health Insurance? _____ Which Fund? _____

Who referred you to our Practice? (Please state) _____

The greatest compliment we receive is when one of our patients refers a friend or family member to see us. If you were referred, please tell us whom to thank.

The following questions are of a medical nature and will ensure that we are able to provide the very best possible care for you. Answers will be kept in strict confidence according to the Australian Dental Association Privacy Statement on the reverse of this form.

Do you have any known allergies? (Eg. to medications, latex) _____

For females, are you pregnant? If so, how many months? _____

Are you a smoker? If so, how many per day? _____

Do you normally require antibiotic cover before dental treatment? (Heart condition) _____

Have you ever had an adverse reaction to any procedure performed by a dentist?

Please describe: _____

Are you under the care of a doctor? If so, for what reason? _____

Have you ever had any of the following conditions? (**Please tick the appropriate box and specify if necessary**)

Condition	No	Yes - Specify	Condition	No	Yes - Specify
High or Low Blood Pressure			Diabetes		
Heart Disorder or Heart Complaint of any Kind			Organ or Marrow Transplant or Blood Transfusion		
Chest Pain			Cancer or Tumour		
Cardiac Pacemaker			Hepatitis or other Liver Condition		
Prosthetic Heart Valves or Joints			Kidney Disease		
Rheumatic Fever			Stomach or Digestive Condition		
Anaemia or Other Blood Condition			Epilepsy		
Excessive or Prolonged Bleeding			Asthma, Bronchitis or other Lung Condition		
AIDS or any other disease related to AIDS					

Are you taking any medications at present? Please list over page.

Please include any vitamins and over the counter medications. If so please state name and dosage.

Do you have any other illness or disability? Please specify: _____

How long since your last dental appointment: _____

How long since your last dental clean: _____

- I give permission for still clinical photographs or video of the intra oral procedure to be taken with the understanding that such photographs and video remain the property of Dr Mandikos, and will remain anonymous by not showing recognisable facial features.
- I hereby state that I have understood and answered the questions to the best of my knowledge and accept the privacy policy on the reverse of this form.

Patient's Signature: _____ Date: _____

Name of Drug or Supplement	Dosage	Reason for taking

Australian Dental Association Privacy Statement.

In order to provide you with the highest standard of dental care, Brisbane Prosthodontics 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 our dentists 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 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, with out your express consent.
- 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 the 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 on your interests at all times