## **Mitcham Central Dental**



## Welcome to Mitcham Central Dental

The following information will assist us to provide you with the highest standard of care. This information will be handled confidentially. Please refer to our  $\underline{Privacy\ policy}^{(*)}$  for further information.

Title: $Mr \square Mrs \square Miss \square Mr \square$	] <i>\</i>	Λs □	Mst $\square$ Dr $\square$	Other $\square$							
First Name			Last Name:								
Date of Birth:/			Occupation:								
Home Address:											
Door Number & Street:											
Suburb:			State: P/Code:								
Phone (Mobile):			Phone (Home/Work):								
Email address:	Private Health Fund Name:  Member Number:										
Preferred contact method for reminders and recalls: SMS $\square$ Email $\square$											
Medicare card No:	Ref N	lo:		Veterans Affairs No:							
Emergency Contact Name:				Tel:							
Medical History											
	Yes	No			Yes	No					
Do you smoke?			Are you pregnant? (Due date)								
Have you recently stayed in a hospital?			/								
Please tick Yes or No as to whether you currently have, or have ever had the following											
ricase tick les of No as to whether you cuffellity	have,	or have	e ever had the follow	ring							
☐ Please tick this box, if you're answering NO t				ring							
				ring	Yes	No					
	o all o	f the be			Yes	No					
☐ Please tick this box, if you're answering NO t	o all o	f the be	elow.	ıur	Yes	No					
☐ Please tick this box, if you're answering NO to Anemia / Blood disorder	o all o	f the be	elow. Heart Attack / Murm	ıur	Yes	No					
☐ Please tick this box, if you're answering NO to Anemia / Blood disorder  Asthma	o all o	f the be	elow. Heart Attack / Murm Hepatitis A Blood pressure HIV	ur B	Yes	No					
☐ Please tick this box, if you're answering NO to  Anemia / Blood disorder  Asthma  Artificial Joints / Heart Valves  Bisphosphonate Therapy  Bone disease	o all o	f the be	elow. Heart Attack / Murm Hepatitis A 🗆 Blood pressure	ur B	Yes	No					
☐ Please tick this box, if you're answering NO to Anemia / Blood disorder  Asthma  Artificial Joints / Heart Valves  Bisphosphonate Therapy	o all o	f the be	elow.  Heart Attack / Murm  Hepatitis A   Blood pressure  HIV  Mental Health condit  Pacemaker / Angina	ur B	Yes	No					
□ Please tick this box, if you're answering NO to Anemia / Blood disorder  Asthma  Artificial Joints / Heart Valves  Bisphosphonate Therapy  Bone disease  Cancer(*) Past □ Present □  Cholesterol High □ Low □	o all o	f the be	elow.  Heart Attack / Murm Hepatitis A   Blood pressure  HIV  Mental Health condit  Pacemaker / Angina  Rheumatic Fever	ur B	Yes	No					
□ Please tick this box, if you're answering NO to Anemia / Blood disorder  Asthma  Artificial Joints / Heart Valves  Bisphosphonate Therapy  Bone disease  Cancer(*) Past □ Present □  Cholesterol High □ Low □  Diabetes Type 1 □ or Type 2 □	o all o	f the be	Heart Attack / Murm Hepatitis A  Blood pressure HIV Mental Health condit Pacemaker / Angina Rheumatic Fever Thyroid Disorder	B	Yes	No					
□ Please tick this box, if you're answering NO to Anemia / Blood disorder  Asthma  Artificial Joints / Heart Valves  Bisphosphonate Therapy  Bone disease  Cancer(*) Past □ Present □  Cholesterol High □ Low □	Yes	f the be	elow.  Heart Attack / Murm Hepatitis A   Blood pressure  HIV  Mental Health condit  Pacemaker / Angina  Rheumatic Fever	B	Yes	No					

## **Mitcham Central Dental**



Allergies											
None □ Milk Protein □ Latex □ Peni	cillin [		Aspirin □ Codeine □	] Sulphur 🗆 Otho	er 🗆						
Family Doctor Name:			Tel:								
Dental History											
Which of the following best describes your previous dentist's attendance?											
$\Box$ I attend regular check-ups: 6 Monthly $\Box$	Annual	.ly □	Other $\square$								
$\ \square$ I attend when I have a problem.											
	Yes	No			Yes	No					
Previous anesthetic problems / reactions			Do you need antibiotic	cover before dental wor	:?						
Have you had prolonged bleeding following a tooth extraction?			Have you had any past traumatic dental experience?								
Do you currently have any dental problems you would like us to check?											
		l									
How did you hear about us?											
☐ Recommended by a friend/ family member	☐ Passing by the building			☐ GP / Professional referral							
☐ Online Search (e.g. Google)	☐ Flyer in the post			☐ Facebook / social media							
	□ Other										
I agree to receive information about discounts, offers and information about services that may be of interest from Mitcham Central Dental (and its third-party partners) and consent to my name, contact details and other personal or sensitive information being used for this purpose*											
Patient / Guardian signature: Date:											
* I acknowledge that if I don't sign the above (or I later unsubscribe from receiving the above materials), I will still receive communications from or on behalf of Mitcham Central Dental which are operational in nature and/or relate to my health (e.g. changes to opening hours, staff and relocations, appointment & health reminders, recalls and test results). If you also do not wish to receive these communications, contact our privacy officer on practicemanager@mitchamcentraldental.com.au or use the relevant unsubscribe function.											
* I acknowledge I have read, understand and agree to my personal and sensitive information being handled in accordance with Mitcham Central Dental's Privacy Policy*											
Patient / Guardian signature: Date:						_					

Privacy Collection Statement: JSK Prospects Pty Ltd (operating as Mitcham Central Dental) collects your personal information for purposes related to (or in the case of sensitive information, directly related to) our functions or activities including delivering and/or facilitating the delivery of health services to you, informing you of services which may be relevant to you and to communicate with you. We may not be able to deliver or facilitate the delivery of health services to you if you do not provide this information. Your personal information may be disclosed to our related bodies corporate, health practitioners and third-party service providers. Please refer to our Privacy Policy, which is available at the reception, for full details of how we handle your personal information including how you may access and seek correction of your personal information, complain about a privacy breach and how we will deal with that complaint.