



Everything you need for a healthy smile

Thank you for completing our medical history form.

Patient Surname..... Title:.....First Name.....
 Date of Birth..... Email Address.....
 Postal Address.....
 Post Code..... Telephone Hm..... Wk.....Mobile.....
 Emergency Contact.....Contact Ph.....Relationship.....
 Health fund.....Line ID# 00/01/02/03/04/05 Occupation.....

How you heard about us? Please help us by giving as much information as possible.(please circle)

Flyer Other Totally Teeth Website Radio Back of Bus Yellow pages Book/Online

Patient Referral (who?).....Promotion (which one).....

When was your last dental treatment (approx).....

Last Dental Clean.....Last full mouth X-rays.....

Are you taking any medication, drugs or pills now? yes/no (if yes, name and dosage).....

Are you currently undergoing any medical treatment?

Physician's/surgery name..... Phone no.....

Do you have any allergies?..... Are you pregnant or nursing?.....

Please indicate below if you have had, or have at present, any of the following. Circle yes or no.

Stroke	Y/N	Stomach Ulcers	Y/N	Heart (surgery/disease,attack)	Y/N
Chest Pain	Y/N	Thyroid Problems	Y/N	Emphysema/Chronic cough	Y/N
Congenital Heart Disease	Y/N	Diabetes	Y/N	Artificial Joints (hip knee)	Y/N
Artificial Heart Valve	Y/N	Tuberculosis	Y/N	Radiation/Chemotherapy	Y/N
Mitral Valve Prolapse	Y/N	Haemophilia	Y/N	Diet(Restricted)	Y/N
High Blood Pressure	Y/N	Latex Sensitivity	Y/N	Arthritis/Rheumatism	Y/N
Heart Murmur	Y/N	Asthma/Hay Fever	Y/N	Fainting/Dizzy spells	Y/N
Heart Pacemaker	Y/N	Hepatitis A B C	Y/N	Sinus Troubles	Y/N
Rheumatic Fever	Y/N	HIV/AIDS	Y/N	Epilepsy	Y/N
CJD (Mad Cow Disease)	Y/N	Antibiotic Cover	Y/N	Smoker	Y/N

Would you like to improve your smile? Yes/no If so, would you change? Colour/straighter?/Shape?/Gap?

Payment is expected at the time of visit, how will you be paying today. (please circle)

Cash Hicaps* Eftpos Credit card

(Please note, hicaps may only be a part payment dependant on your health fund level of cover)

We value and respect your time as a patient. Please remember a broken appointment is a loss to everyone. It is our policy that a cancellation fee will apply if you cancel within 24 hours of your confirmed appointment.

Patient/Guardian Signature.....Date.....

We Respect Your Privacy

In order to provide you with the highest standard of Dental Care, Totally Teeth needs to collect personal information and details from you. These details can be basic like your name, address and telephone number but the dentists also need to obtain details regarding your general health and past medical or surgical treatment. Without these details your treating dentist would be unable to complete your treatment plan for your care properly.

Naturally, some of this information is of personal and some of it you may regard as 'sensitive' and not the sort of information that you would wish to be unnecessarily disclosed to others.

We value the need to conserve this information; Totally Teeth would like to assure you that:

- 🍃 This information will only be used by the treating dentist in order to deliver your care to the best of our ability.
- 🍃 We will be unable to disclose any of your information to anyone other than yourself without your consent, either in written or in person.
- 🍃 You are able to access the information held at Totally Teeth and we will provide this to you as long as we have written consent.
- 🍃 There will be no charge to you for requesting this information but there may be fees to cover the costs associated with the request or copying the information.
- 🍃 We will take the needed steps to ensure that your details that we hold -here at Totally Teeth are accurate, complete and up-to-date.
- 🍃 We will take all reasonable steps to protect this information from misuse, loss and unauthorised access.
- 🍃 All of our staff are trained to respect these principles at all times.

If you have any questions regarding this information we collect from you and keep on your dental records, please do not hesitate to ask one of our friendly staff members.

www.totallyteeth.com.au 1300 805 850

Tweed – Robina - Southport