Medical History Form

EXCEL PERIODONTICS BRISBANE

Personal Information

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other:

Name: ____________________ DOB: [DD/MM/YYYY] ____________________

Phone: ____________________ Email: ____________________

Occupation: ____________________ Health Fund: ____________________

Address: ____

Suburb: ____________________ Post Code: ____________________

Next of Kin

Next of Kin [Name]: ____________________ Next of Kin [Phone]: ____________________

Medical Doctor Details

Medical Doctor Name: ____________________ Medical Doctor Contact: ____________________

Medical History

1. Have you consulted a medical practitioner or been hospitalised in the last 12 months? YES / NO
   If Yes, Reasons : ____
2. Do you have high blood pressure? YES / NO
3. Do you have any heart issues? YES / NO If Yes, Specify : ____________________
4. Do you have a bleeding disorder? YES / NO If Yes, Specify : ____________________
5. Do you have epilepsy? YES / NO
6. Do you have asthma or any respiratory problems? YES / NO
7. Do you have diabetes? YES / NO
8. Do you have kidney disease? YES / NO
9. Do you have artificial knees, hips, metal plates, or pins? YES / NO
   If Yes, Specify : ____
10. Have you ever been treated for a growth, tumour, malignancy or cancer? YES / NO.
    If Yes, Specify: ____
11. Have you ever had any allergic reactions to drugs or foods? YES / NO.
    If Yes, Specify: ____

New Patient Information and Privacy Consent

12. Have you ever received a blood transfusion or products or been at risk or diagnosed with hepatitis, glandular fever, or HIV/AIDS? YES / NO   If Yes, Specify : ______________________
13. Have you ever experienced problems or complications during or after dental treatment? YES / NO
    If Yes, Specify : ______________________
14. Are you a smoker? YES / NO
15. Are you pregnant? YES / NO
16. Do you have any medical conditions not mentioned above? YES / NO
    If Yes, Specify : ______________________
17. Please list all medications which you are currently on if applicable:

____

____

Brisbane Excel Periodontics places utmost importance on safeguarding the privacy and security of your personal health information and adheres to standards-compliant secure messaging. As a patient of our dental practice, we kindly request you to provide us with your personal details and complete medical history. This information is crucial to effectively assess, diagnose, and treat your dental conditions, ensuring proactive dental health maintenance. In accordance with the Privacy Act 1988 and Australian Privacy Principles, we aim to provide you with comprehensive information about the potential use and disclosure of your personal information, as well as to record your explicit consent or any limitations you may impose on such consent.

By signing below, you (as the patient, parent, or guardian) consent to the collection of your personal information and its use or disclosure by our practice for the following purposes:

- Administrative purposes essential for running our practice.
- Follow-up calls, appointment reminders, and recall notices via SMS, letter, or email for treatment and necessary actions.
- Disclosure of relevant information to other healthcare providers involved in your treatment, including general dentists, doctors, and specialists outside of our dental practice. Such disclosures may occur through referrals to other healthcare professionals or for medical tests, as well as in the form of reports or results returned to us following these referrals.
- Legal disclosure as mandated by a court of law.
- Research purposes, limited to de-identified information only.
- Dental training/teaching activities involving dental students and staff, using de-identified information exclusively.
- Compliance with legislative or regulatory requirements, such as reporting notifiable diseases.

Throughout this process, we are bound to maintain strict confidentiality with respect to your personal details. Your records hold significant importance, and we are committed to taking all necessary measures to uphold your confidentiality. Please complete the form below to indicate your understanding and agreement regarding using, collecting, protecting, and disclosing your personal information.

General Consent to Treatment at Brisbane Excel Periodontics

I have read the information above and comprehend why my personal information must be collected and the purposes for which it may be used or disclosed by Brisbane Excel Periodontics.

I am aware that any usage of my information beyond the purposes outlined above will require further consent.

I hereby authorise the collection, use, and disclosure of my personal information as described above, which includes follow-up phone calls and contact via SMS and email.

I understand that only relevant personal information will be provided to facilitate the aforementioned actions. Additionally, I retain the right to withdraw my consent at any time by providing written notification to this practice.

Furthermore, I acknowledge and agree to settle all fees associated with my care at the time of consultation or upon completion of treatment.

I acknowledge that Brisbane Excel Periodontics specialises in the treatment of Periodontics, Minor Oral Surgery, and Dental Implants. I willingly provide my informed consent to receive treatment within these specified areas.

Signature: ______________________________ Date: ________________