Registration Form and Confidential Medical Questionnaire

Please ensure Page 3 is signed appropriately

Title: Mr/Mrs/Ms/Other Date of Birth: ____________________________

Surname: ______________________________ Given Names: ___________________________

Address: ____

Phone: ________________________________ Mobile: ________________________________

Name of Contact Person (if different to patient): ____________________________________

Next of Kin: ____________________________ Relationship to patient: ___________________

Phone: ________________________________

Email: ____

Who is responsible for the account? (Self/WorkCover/TAC/DVA/Other)

Please specify: ____

Medicare Card Number: ________________________________ Patient number: __________

Expiry Date: ________________________________

Do you have private health insurance? Yes No

If yes, which fund: _______________________ Membership number: ___________________

How did you hear about us? (Doctor/Dentist/Online/Other)

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Please describe the current dental problem (if any):

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Please circle any condition you have had in the past or currently have:

Anaemia	Blood Pressure	Heart Disorder	Haemophilia	Pacemaker fitted
Cancer	Cystic Fibrosis	Hepatitis A, B or C	HIV/AIDS	Liver Disease
Arthritis	Artificial Prosthesis	Osteoporosis	Spinal Problems	Taking bisphosphonates
Diabetes	Epilepsy	Headaches	Migraine	Kidney Disease
Sinus Problems	Psychiatric condition	Autism Spectrum Disorder	Anxiety	Asthma

If you have any other medical problems or developmental conditions or disabilities not covered by this list please detail below, and/or attach a medical summary from your medical practitioner:

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Your medical practitioner: ____

Address: ________________________________ Telephone: ________________

Have you been in hospital in the last year? Yes No

Please provide any relevant details: ____________________________________

Do you have any allergies? Yes No

If yes, please specify: ____

Are you a smoker? Yes No

Females, are you pregnant? Yes No

Please list any medication that you take on a regular basis or attach a copy of your treatment sheet/drug chart:

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Your Health Information

In accordance with *the Victorian Health Records Act 2001* and *Privacy Act*.

WSND respects your right to privacy. It is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed. Our full Privacy and Health Information Policies are located on our website.

Please sign this form as confirmation that you have been informed about our privacy policy, and consent to the use of your health information.

Please note:
- Payment in full is required on day of treatment, where possible.
- Accounts referred to a collection agency or solicitor will have legal costs and commission added to the amount due.
- A cancellation fee may be applied for cancelling an appointment at short notice (within 2 hours) or failing to attend the appointment without notice.
- Consent is given for medical/dental records to be released to WSND as necessary.

Signed: ______________________________ Date: ________________________

If consent for dental examination is being given by a person other than the patient, then the 'person responsible' (see Office of Public Advocate for full definition) must complete and sign below:

Signed: ______________________________ Date: ________________________

Name: ______________________________

Relationship to patient: ____________________ Phone: ________________________

Email: ____

Please note: During the dental examination cleaning and x-rays may be carried out. Further treatment will require additional consent.

Please turn overleaf and complete additional questions so we can better assist the patient.

Additional information for individuals requiring extra management strategies:

A list of motivating things for the patient (toys/ iPad/ praise):

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Anything that might alarm or frighten the patient (loud noises, bright lights):

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Strategies to calm the patient if upset:

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Any other relevant behavioural information:

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