

**PATIENT MEDICAL HISTORY QUESTIONNAIRE**  
**COBURG DENTAL GROUP**  
**127 SYDNEY ROAD, COBURG 3058**

**To assist in determining your treatment please answer the following questions as accurately as possible. All information will be held in confidence according to our privacy policy.**

***GENERAL INFORMATION***

TITLE Dr / Mr / Mrs / Ms / Miss / Other \_\_\_\_\_ SURNAME \_\_\_\_\_  
GIVEN NAMES \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ COMPANY NAME \_\_\_\_\_  
MOBILE TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

WHOM MAY WE THANK FOR REFFERING YOU TO OUR CLINIC? \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR FEES? \_\_\_\_\_

DO YOU HAVE DENTAL INSURANCE?      YES      NO      IF YES, WHICH FUND? \_\_\_\_\_

DO YOU REQUIRE AN INTERPRETER?      YES      NO (An external interpreter can be accessed for a fee – please ask at reception)

HOW WOULD YOU LIKE TO BE CONTACTED WITH REGARDS TO REMINDERS AND RECALLS?      EMAIL      SMS      LETTER

***EMERGENCY INFORMATION***

EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MEDICAL DOCTORS NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

***MEDICAL HISTORY***

Have you **ever** had any of the following?

YES / NO

YES / NO

RHEUMATIC FEVER

EPILEPSY

ASTHMA

TUBERCULOSIS

DIABETES

KIDNEY DISEASE

DEPRESSION/ANXIETY

SNORING/SLEEPING DISORDER

GASTROESOPHAGEAL REFLUX DISEASE

BLEEDING DISORDER (OR FAMILY HISTORY)

AIDS/HIV

HEART AILMENT

HIGH OR LOW BLOOD PRESSURE

HEPATITIS A, B or C

CREUTZFELDT JAKOB DISEASE

CANCER

OSTEOPOROSIS / BONE DISORDERS

DO YOU DEVELOP KELOID SCARRING?

ANTI-WRINKLE/BOTOX TREATMENT

DERMAL FILLER TREATMENT

Are you currently taking any medications? (Inc. vitamins supplements, bisphosphonates and blood thinners):

Do you have any allergies (e.g. drugs, medicine or latex)

YES

NO

If yes, please list \_\_\_\_\_

Do you have an artificial hip, heart valve or other prosthetic implant? \_\_\_\_\_

If yes, when was the surgery? \_\_\_\_\_

Have you been advised to take antibiotics before dental appointments in the past?

YES

NO

Are you under a physician's care?

YES

NO

If yes, why? \_\_\_\_\_

If female, are you pregnant?

YES

NO

MAYBE If yes, how many months? \_\_\_\_\_

Are you breastfeeding?

YES

NO

Do you smoke or use tobacco?

YES

NO

If yes, how many a day? \_\_\_\_\_

How long for? \_\_\_\_\_

## **CONSENT FOR TREATMENT**

- Clinical dental photographs will often be taken to assist in the provision of your treatment. These photos may be used for educational purposes for students, other practitioners and other patients.  
Do you give consent for your photos to be shared? (Note – you will be de-identified) YES NO
- I have completed this questionnaire to the best of my knowledge and understand that failure to make a full disclosure may place me at undue medical risk.
- ON FUTURE VISITS ANY CHANGES TO THE ABOVE SHOULD BE ADVISED.
- I also understand that PAYMENT is required on the day of treatment unless otherwise arranged.
- I understand that if I need to reschedule my appointment, I will give Coburg Dental Group 24 hours' notice. If I fail to give 24 hours' notice, a cancellation fee may apply.
- Our practice policy is to update your written Medical History every 12 months, please sign below to indicate the above is accurate as at the date listed.
- Please read the Patient Charter of Rights below, if you would like a copy please ask at reception.

Signed: _____
Date: _____
Checked (Dr): _____

Signed: _____
Date: _____
Checked (Dr): _____

Signed: _____
Date: _____
Checked (Dr): _____

## **AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS**

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

### **Guiding Principles**

These three principles describe how this Charter applies in the Australian health system.

**1**

Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

**2**

The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

**3**

Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

For further information please visit  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

**AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE**

### **What can I expect from the Australian health system?**

MY RIGHTS	WHAT THIS MEANS
<b>Access</b> I have a right to health care.	I can access services to address my healthcare needs.
<b>Safety</b> I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
<b>Respect</b> I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
<b>Communication</b> I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
<b>Participation</b> I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
<b>Privacy</b> I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
<b>Comment</b> I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.