

Welcome to Benowa Mansions Periodontal Practice

This form is primarily designed to alert us to any medical condition or medication that may interfere with the comfort or safety of your dental care. We will ensure that this information remains private and confidential. Please complete this form in English and feel free to ask the receptionist for assistance if required.

Mr Mrs Ms Miss Dr Other _____

First Name: _____ **Middle Initials:** _____ **Surname:** _____

Preferred Name: _____ **Date of Birth:** ____ / ____ / 19 ____

Home Address: _____
_____ **Post Code:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____ **Occupation:** _____

Referring / General Dentist: _____ **General Medical Doctor:** _____

Are you covered by a private health fund? NO YES If yes, what fund: _____

MEDICAL HISTORY: There are some medicines and previous or present illnesses which can modify or postpone some dental procedures. Please consider each question and **Please Circle Correct Answer**

Do you have any illness at present? NO YES If yes, please specify: _____

Are you currently taking any medication? NO YES **If yes, please specify:** _____

Do you have your medication with you? NO YES

Are you allergic to any medication? NO YES **If yes, please specify:** _____

Women, are you pregnant? NO YES If yes, due date?: _____

SMOKING HISTORY - Please Circle Correct Answer

Have you ever smoked tobacco/marijuana? NO YES

If yes, are you a current smoker? NO YES Reformed Smoker? NO YES

Years smoked _____ Average Per Day _____ Year ceased _____

FOR YOUR PROTECTION: You have our complete assurance that at this periodontal clinic, we practice the highest level of infection control for your well being and safety. Please feel free to discuss with us privately and confidentially, any concerns you may have.

HAVE YOU SUFFERED FROM: (please circle all that apply to you or have applied to you in the past)

Diabetes	Hepatitis B/C	Cancer Therapy	Recent Life Stress
Hip Or Knee Replacements	Epilepsy	Asthma	Wear Contact Lenses
Heart Disease	Bleeding Disorders	Fainting	
Rheumatic Fever	Thyroid Disorder	High Blood Pressure	

Do you believe for any reason you need prophylactic antibiotics before dental appointments? Or do you currently take/ have been advised to take prophylactic antibiotics before dental appointments? YES / NO

Other Diseases Please specify: _____

FOR YOUR COMFORT: Many people are still nervous about coming to the dentist. Whilst the improvements in techniques and anaesthetics have helped most people, you may still be apprehensive and wish us to take extra measures for your comfort. Please circle the number that indicates your present level of apprehension.

Completely at Ease 0 1 2 3 4 5 6 7 8 9 10 Petrified

No accounts are kept in this practice, hence it is **practice policy that payments be made on the day of treatment** – by Cash, cheque, eftpos or major credit cards are accepted.

PLEASE NOTE: Any accounts that are not settled on the day of treatment will be sent to the debt collector and you will be responsible for all collection costs, legal fees and commissions that will be added onto your account to recover the monies owing. Thank you.

Patient Signature: _____
Clinician's Signature: _____

Date: ____ / ____ / 15
Date: ____ / ____ / 15

Benowa Mansions Dental Practice Cancellation Policy

From time to time it is inevitable that some patients will have things happen in their life that will cause them to need to change their appointment. We understand it can be hard to predict these events and then to give our practice sufficient warning. This is especially of concern with long appointments, as it is very difficult to reappoint other patients at short notice.

Cancellation Of Booked Appointments

If you cancel your appointment with *five working days or more notice*, *no cancellation charge will apply*.

If you cancel your appointment with only *four working days notice* and we are unable to reappoint other patients, a cancellation fee may apply of *not more than \$100 per hour* for the cancelled appointment. If we are able to reappoint other patients, a cancellation fee will only apply to time that we are unable to reallocate.

If you cancel your appointment within *48 hours notice or less*, and we are unable to reappoint other patients we may charge a cancellation fee of *\$200 per hour, for each hour of the original booking*.

If you fail to attend your booked appointment *without any notice* to the practice the full cost of the appointment may be charged as we are not able to reappoint another patient to your missed appointment.

Payment Of Account

Payment of your account is *required on the day of your treatment prior to entering the surgery as no accounts are kept in this practice.*

I acknowledge I have read and understood the above cancellation policy

Name:

Signed:

Date:/...../ 2015

Benowa Mansions Periodontal Practice 183 Ashmore Road, Benowa Qld 4217
Toll Free: 1800 PERIO1 Phone: 07 5597 1811 Fax: 07 5597 0481
Email: benowamansions@bigpond.com Web: www.benowamansions.com

Dr Neil Latcham M.D.Sc (Qld) Provider No. 50 3245B PE 040202
Dr Agnes Poon B.D.Sc (Hons) M.D.Sc (Qld) Provider No. 2359205A

Benowa Mansions Periodontal Practice

Patient Authority to Release & Obtain Personal, Dental & Medical Records

I, _____ hereby authorise my regular medical and dental practitioner as well as Medicare to release my personal records (including residential address and business address if required), as well as medical and dental records relevant to my treatment, including copies of any relevant records such as; radiographs and photographs where applicable.

This release also authorise the Benowa Mansions Dental practitioners to send copies of my dental records to my regular medical and dental practitioners and other relevant health care practitioners.

This authorises the release of these records to and from;

Benowa Mansions Periodontal Practice

Suite 3 / 183 Ashmore Road

Benowa QLD 4217

benowamansions@bigpond.com

Ph: 07 5597 1811

Fax: 07 5597 0481

Signed:

Name: (in full)

D.O.B
.....

Date:

Benowa Mansions Periodontal Practice Suite 3 / 183 Ashmore Road, Benowa Qld 4217

Toll Free: 1800 PERIO1 Phone: 07 5597 1811 Fax: 07 5597 0481

Email: benowamansions@bigpond.com Web: www.benowamansions.com