We welcome you to Tassie Smiles Dental

24 Wellington Rd, Lindisfarne, Tasmania, 7015
PO Box 369, Kingston, Tasmania, 7050
Ph: (03) 6243 8171 Email: info@tassiesmiles.com.au

You can fill out this form on your computer and email it to us prior to your appointment, and we will print it ready for you to sign.

HOW DID YOU HEAR ABOUT US?

☐ Word of mouth, who can we thank for referring you? _____

☐ Facebook ☐ Radio ☐ Paper ☐ Google ☐ Yellow pages

CONFIDENTIAL PATIENT INFORMATION

Surname _____ Given name(s) _____

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Other Date of birth _____

Home address _____ Postal address _____

Suburb _____ Suburb _____

Postcode _____ Postcode _____

Mobile phone _____ Home _____ Work _____

Email address _____

Occupation _____ Employer _____

Person responsible for paying account _____

Medicare number _____ Ref _____ DVA number _____

Health fund (Dental) _____ Membership number _____

Family Doctor Name _____ Phone number _____

Emergency contact Name _____ Phone number _____

DENTAL HISTORY *(New patients only)*

Time since your last visit to a Dentist? _____

Do you have any concerns when visiting the Dentist? ☐ No ☐ Yes: if yes, give details:

_____

The reason for your visit today?

_____

Will you be claiming the Child Dental Benefit Scheme ☐ No ☐ Yes: if 'yes' please advise Reception before treatment commences.

MEDICAL HISTORY

Have you ever had or are suffering from any conditions listed below (please tick):

- ☐ Rheumatic fever
- ☐ Cardiac pacemaker
- ☐ Heart murmur / valve disorder
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Any other heart condition:
- ☐ Excessive bleeding
- ☐ Anaemia / leukaemia
- ☐ Stroke
- ☐ Stomach or other digestive conditions eg. ulcer
- ☐ Steroid therapy
- ☐ Tuberculosis
- ☐ Bronchitis / emphysema
- ☐ Asthma
- ☐ Thyroid disease
- ☐ Kidney disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Nervous condition
- ☐ Cancer / Chemotherapy
- ☐ Previous head / neck radiation treatment
- ☐ Prosthetic implant eg. artificial hip
- ☐ Penicillin allergy
- ☐ Latex allergy
- ☐ Other allergies, please specify:
- ☐ Hepatitis A/B/C or other liver disease
- ☐ Contact with HIV or AIDS
- ☐ Do you smoke?

Other conditions, please specify:

Are you currently taking any medication (including natural remedies)? If yes, what kind/s and frequency?

Are you currently taking Fosamax or other Osteoporosis medications? ☐ No ☐ Yes: if yes, give details:

Have you had abnormal reactions to local or general anaesthetics? ☐ No ☐ Yes: if yes, give details:

Are you taking any blood thinning medication? ☐ No ☐ Yes: if yes, what is the name of the medication?

Have you previously required antibiotics before dental treatment for a heart condition? ☐ No ☐ Yes: if yes, give details:

Are you pregnant? ☐ No ☐ Yes: due date

Please read the privacy policy and patient agreement before signing the form on pages 3 and 4.

REMINDER SERVICES

Tassie Smiles Dental makes use of reminders both for your appointments as well as your regular check-ups. This is done for your convenience as well as our commitment to duty of care. Your mobile number, email address and postal address will be used for this service, at no additional cost to yourself. Please ensure that all contact details are correct and accurate and updated if necessary.

YOUR HEALTH INFORMATION AND OUR PRIVACY POLICY

Please be advised that this form and the included information are private and confidential.

The information supplied provides the Dentist with important information for your Dental and Oral Health Care.

Our Practice respects your right to privacy. We realise that it is important for you to understand why we collect details about your health, how this information is used at our Practice, and to whom this information might be disclosed.

The policy at Tassie Smiles Dental is to follow these procedures:

1. The information collected on the Confidential Patient Details form will be used for the purpose of providing treatment to you. Personal information such as your name, contact details and health insurance details will be used for the purpose of addressing mail to you, reminder services, as well as processing payments.
2. We may disclose your health information to other health professionals, or request it of them, if, in our judgement, that is necessary.
3. We may use parts of your health information for research purposes. Should this occur, your identity will not be disclosed without your consent. Any photographs taken in the treatment process will be of your teeth only. These may be used for advertising purposes while maintaining your privacy.
4. Your treatment records, x-rays and any other materials relevant to your treatment will be kept here. You may request copies of your treatment records from our dental surgery.
5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly. We will endeavour to maintain accurate records by requesting regular updates from you when you attend appointments.
6. A full version of our Privacy policy is available on our website at: http://www.tassiesmiles.com.au/privacy-policy/

Please sign below to confirm that you have read and understand the above Privacy Policy, that all personal, medical and contact details are true and correct and that, if applicable, you are acting as the Guardian/ Parent/ Executor of the patient. In signing this, you consent to the storage and use of your health information and contact information as per this Privacy Policy and our Reminder Services.

Signature: _____ Date: _____

Name (Print): _____ ☐ Patient ☐ Guardian

RELEASE OF INFORMATION (Complete this section ONLY if required)

I nominate the following person/s to be issued information regarding my appointments and/or dental treatment.

Full Name: _____

Please specify if: ☐ Parent ☐ Guardian ☐ Spouse ☐ Executor

PATIENT AGREEMENT

The following is an agreement between Forsyth Dental Pty Ltd T/a Tassie Smiles Dental and the Patient OR the individual taking responsibility for the account payment (if this is someone other than the patient).

Required Payments: Unless alternative arrangements are pre-approved with the Principal Dentist/Practice Manager, all co-payments required by Health Insurance Company must be paid at the time of treatment.

Payments: Unless other arrangements are pre-approved by the Principal Dentist/ Practice Manager, the balance on your statement is due and payable at the time treatment is rendered. For procedures requiring multiple appointments with lab fees (crowns, dentures etc), we will require a **50% deposit** (depending on the cost of work to be undertaken). The balance of the account is then to be paid at the time the treatment is completed.

Insurance: Insurance coverage is based on a contract between you and your insurance company and Tassie Smiles Dental is not a party to this insurance agreement, in most cases. Tassie Smiles Dental will bill your primary health insurance company via HICAPS as a courtesy to you. It is the insurance company that makes the final determination of your eligibility and insurance benefits. You agree to pay any portion of the charges not covered by your health insurance company.

Overdue Accounts: If your account becomes overdue, we will be required to take necessary steps to collect this debt. If we do have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred.

Missed Appointments: We have a twenty-four (24) hour notice period for appointment cancellations. We may charge a missed appointment fee if you fail to give the above notice.

Transferring of Records: You will need to please make your request in writing if you would like to have copies of your records sent to another organisation.

Your signature on this agreement indicates you agree to all of the terms and conditions contained in the agreement. The agreement is effective as of the date signed and dated below.

Signature: _____ Date: _____

Name (Print): _____ ☐ Patient ☐ Guardian

PRINT

EMAIL FORM

Tassie Smiles Dental is based on offering a caring, relaxed dental care environment. Our belief is that the best dentistry is non-invasive dentistry and that preventative care is the foundation of our dental practice. At Tassie Smiles, early treatment executed well is the cornerstone of our care offerings. We look forward to caring for you, your family and your oral health needs.