South Yarra Dental Group

DR. S. COLMAN B.D.Sc, L.D.S DR. B. ZASLAVSKY B.D.Sc, DR. S. MATTHEWS B.D.Sc, L.D.S DR. A. BINSHTOK. B.D.Sc Ms. S. LA ROCHELLE Dental Hygienist. Ms. L. ORNIK Dental Hygienist.

Signed: Patient/Parent/Guardian



207 Williams Road South Yarra. Vic Ph (03) 98273314 Fax (03) 98266627 team@sydg.com.au www.sydg.com.au

CONFIDENTIAL PATIENT QUESTIONNAIRE

Name: Dr / Mr / Mrs / Miss / Ms					D.O.B	//
	at Name		Surname			
Home Address:						
Work Address:						
Home Phone:		Work Phone:				
Mobile:		Fax:				
E-mail:		Occupation:				
Family Doctor's Name						
Details of person to contact in an eme	rgency not	t living at your address	:			
Name:		Phone Number:				
MEDICAL HISTORY						
 Are you receiving any medical treatment at present or taking any medications? Details:						Yes / No
 Have you experienced any allergies or unusual side effects from any tablets, injections or anaesthetics? Details:						Yes / No
3. Do you suffer from any of the follow	ving? If so	, please tick as appropri	ate.			
 Rheumatic Fever Heart Trouble High Blood Pressure 		Epilepsy Hepatitis - Specify type Diabetes	A, B, C		Cold Sores Tuberculosis HIV	
 High Blood Pressure Asthma Other 		Excessive Bruising			Kidney Disea	se
 Have you had any prosthetic surgery? (Eg Heart Valve, Dental Implant or Hip Replacement) Details:						Yes / No
						Yes / No
DENTAL INFORMATION						
What is the purpose to your visit?						
Describe how you regard of	dental tr	eatment by puttin	g a cross	on	this line	
Quite Pleasant		0			Unc	omfortable
If you have any relevant dental history p	please advis	se or discuss with your c	lentist.			
Referred By: □ Yellow Pages □ Live Close By	y 🗆 O	ther 🗆 Patient/Fi	riend (name)			
I have completed the quest that failure to make a ful	tionnair	e to the best of	my know	led	ge and unde	erstand
I have read the pri			_		_	

Date:

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Privacy policy

In order to provide you with the highest standard of dental care, this practice is required to collect personal information from you. This information covers basic details such as your name, address and telephone numbers but it is also necessary for the Dentist to obtain from you details regarding your general health and past medical or surgical procedures. Without this general health picture, your Dentist is unable to plan your care properly.

Naturally, some of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information you would wish to be unnecessarily disclosing to others.

We value the need to safeguard this information and, in accordance with the principles laid down in privacy legislation and the guidelines issued by the Australian Dental Association, we would like to assure you that:

- This information will only be used by the treating Dentist in order to deliver your care at the highest level.
- It will not be disclosed to those not associated with your treatment, without your consent.
- You may seek access to the information held about you and we will provide this access without undue delay. This access might be by inspection of your dental records at the time of appointment or be special access or copying of information at other times.
- There will be no charge made for requesting this information but there may be fees levied to cover the cost associated with the processing of this request or the copy of information.
- We will take reasonable steps to ensure that at all times the details we have about you are accurate, complete and up to date.
- We will take reasonable steps to protect this information from misuse or loss and from unauthorised access, modification or disclosure.
- Our staff are trained to respect these principles at all times.

If you have any questions regarding the information we collect from you and hold in your dental records, please do not hesitate to ask us. We are acting in your interest at all times. If you would like a copy of this policy please ask our reception staff.