

New Patient Questionnaire

| Surname | First Name | |
|--|--|-----------------------|
| Preferred Name | DOB | |
| Address | | |
| Contacts | | |
| Home | Work | |
| Mobile | Email | |
| Privacy Information | | |
| Do you wish for your e-mail address/SMS to be used to contact you regarding your appointments? | | Yes No |
| Would you like us to request your records from your previous dentist? | | Yes No |
| Health Fund | | _ Yes No |
| Card Number | Patient ID | |
| We respect your privacy | | |
| In order to provide you with the highest standard of dental care. This information covers basic details such as your name, address from you details regarding your general health and past medical dentist is unable to plan your care properly. | ss and telephone number but it is also necessary for t | the dentist to obtain |
| Naturally, some of this information is of a personal nature and s that you would wish to be unnecessarily disclosed to others. | some of it might be regarded as 'sensitive' and not th | e sort of information |
| We value the need to safeguard this information and, in accord guidelines issued by the Australian Dental Association, we wou | | on and the |
| • This information will only be used by the treating dentist in | order to deliver your care to the highest standard. | |
| • It will not be disclosed to those not associated with your tre | eatment, without your express consent. | |
| You may seek access to the information held about you and inspection of your dental records at the time of appointment | - | |
| • There will be no charge made for requesting this information processing of this request or the copying of information. | on but there may be fees levied just to cover the cost | s associated with the |
| We will take reasonable steps to ensure at all times that the details we keep 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.

If you have any questions regarding the information we collect from you and hold in your dental records, please do not hesitate to

Our staff are trained to respect these principles at all times.

ask us. We are acting in your interests at all times.

Signed