BESPOKE DENTAL STUDIO

email: reception@bespokedentalstudio.com.au

68/143 Corrimal St, Wollongong 2500 166 Cowper St, Warrawong 2502

ph: (02) 4274 1506 fax: (02) 4276 3955

ABOUT YOU

TITLE	FIRST NAME	SURNAME

ADDRESS

SUBURB

DATE OF BIRTH

OCCUPATION

PHONE (HOME)

PHONE (MOBILE)

PHONE (WORK)

EMAIL

HEALTH FUND	MEMBER NUMBER	REF

MEDICARE CARD NUMBER	REF	EXPIRY

IF YOU ARE UNDER 16, PLEASE NAME A PARENT/GUARDIAN WITH THEIR CONTACT DETAILS

EMERGENCY CONTACT/ CARER DETAILS-

NAME	RELATIONSHIP TO YOU	PHONE NO

YOUR MEDICAL HISTORY

HAVE YOU EVER HAD ANY OF THE FOLLOWING- PLEASE TICK ALL THOSE THAT APPLY

☐ High/low blood pressure ☐ Rheumatic Fever ☐ Allergies/ Hives ☐ Enlarged Prostate

☐ Arthritis ☐ Stroke ☐ Emphysema ☐ Diabetes Type 1 / 2

☐ Bleeding Disorder ☐ Heart Surgery/Attack ☐ Epilepsy ☐ Anaemia/Blood Disorders

☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C

☐ Artificial Joints ☐ Heart Complaint ☐ Stomach Ulcers/Reflux

☐ Contact with HIV/AIDS ☐ Glaucoma ☐ Asthma/ Breathing Problems

☐ Cholesterol ☐ Kidney Disease ☐ Steroid Therapy ☐ Liver Disease

☐ Tuberculosis ☐ Sinus Therapy ☐ Cancer-past or present ☐ Thyroid Disease

WHO IS YOUR USUAL GP?

SUBURB:

PHONE NUMBER:

ARE YOU CURRENTLY TAKING ANY MEDICATION- PLEASE LIST

ARE YOU CURRENTLY UNDERGOING ANY MEDICAL TREATMENT?

ARE YOU ALLERGIC TO ANY MEDICATIONS OR OTHER PRODUCTS-PLEASE LIST

DO YOU SMOKE? IF YES- HOW MANY PER DAY?

LADIES- ARE YOU PREGNANT?
IF YES-WHEN ARE YOU DUE?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR HEALTH?

Signed _____ **Date**_____

YOUR DENTAL HEALTH

WHEN WAS YOUR LAST VISIT & WHAT WAS THE REASON FOR YOUR LAST DENTAL CHECK?

HOW FREQUENT ARE YOUR DENTAL VISITS?

WHO WAS YOUR PREVIOUS DENTIST?

PLEASE TICK ANY DENTAL CONCERNS THAT YOU MAY HAVE

☐ Toothache ☐ Missing Teeth ☐ Sensitive Teeth ☐ Face or Jaw Pain

☐ Loose Teeth ☐ Denture Problems ☐ Bleeding Gums ☐ Worn/Broken Teeth

☐ Discoloured Teeth ☐ Difficulty Chewing ☐ Loose/Lost Filling ☐ Grinding/Clenching

DO YOU FEEL NERVOUS ABOUT YOUR DENTAL TREATMENT?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Extremely

DO YOU USUALLY REQUIRE ANTIBIOTICS BEFORE DENTAL TREATMENT? YES/NO

HAVE YOU EVER HAD ANY ADVERSE REACTION TO DENTAL TREATMENT? YES/NO

TOOTH BRUSHING

TYPE OF BRUSH: Manual / Electric

BRAND OF BRUSH: _____

BRAND OF TOOTHPASTE USED: Oral B / Colgate / Sensodyne / Other

INTERDENTAL CLEANING: Frequency: _____

ARE YOU INTERESTED IN WHITENING OR COSMETIC TREATMENT?

HOW DID YOU HEAR ABOUT US?

☐ Internet/Website ☐ Yellow Pages ☐ Newspaper ☐ Street Signage ☐ Referral

IF YOU HAVE BEEN REFERRED/COME IN THROUGH WORD OF MOUTH, WHOM CAN WE THANK?

YOUR DIET DETAILS

DO YOU DRINK FLUORIDATED WATER?

During childhood: Y / N

Currently: Y / N

WATER INTAKE (PLEASE CIRCLE)

Amount/day & type:

<1L / 1L-2L / >2L

Bottled water / Tap water / Filtered water

ARE YOUR MEALS: Regular / Irregular

SNACKING FREQUENCY: Before breakfast / Between breakfast & lunch / between lunch & dinner

After dinner / Before bed or at night

TYPE OF SNACK/S: Biscuit Cake Pastry Chocolates Lollies Cordial

Other sweet food Fruit Juice Fizzy Drinks

Tea/coffee/ hot drinks with sugar (no. teaspoons of sugar: _____tsp.)

(no. of cups/day: _____cups)

HABITS: **Do you…**

GRIND YOUR TEETH DURING THE DAY OR AT NIGHT? Y / N

CLENCH YOUR JAW? Y / N

BITE YOUR NAILS? Y / N

HEAR A CLICKING SOUND WHEN YOU YAWN? Y / N

DO YOU CONSUME ALCOHOL? Yes / No

IF "YES" PLEASE INDICATE AMOUNT OF STANDARD DRINKS PER DAY: _____/day

DO YOU USE RECREATIONAL DRUGS? Yes / No

IF "YES" PLEASE INDICATE FREQUENCY: _____/day /week /month /year

TYPE/S OF RECREATIONAL DRUG/S: _____

ADDITIONAL COMMENTS

Signed _____ **Date**_____

BESPOKE DENTAL STUDIO

email: reception@bespokedentalstudio.com.au

68/143 Corrimal St, Wollongong 2500 166 Cowper St, Warrawong 2502

ph: (02) 4274 1506 fax: (02) 4276 3955

Surgery Policies: Only valid where regular 6 monthly check-ups are maintained

- General Dental – Fillings and Restorations
- Dentures
    - 12 month repair guarantee against fractures or tooth failures which are a result of *normal* function from date of issue
    - 3 booked appointments allowed for denture adjustments
    - Please consult denture brochure for more information
- Crown and Bridgework / Veneers
    - 12 month replacement guarantee against any porcelain or metal fractures from date of issue
    - Any tooth pathology must be addressed prior to placement of crowns/bridgework/veneers.
- Root Canal Therapy
    - Please be aware of complications of root canal therapy during treatment and discuss any concerns with the dentist.
    - 12 month money back guarantee against failure or root fracture from date of completion
    - Please refer to Root Canal Therapy brochure for more information
- Implants
    - 24 month replacement guarantee against failure from date of placement. No monies will be refunded.
    - Please be aware of implant complications and contra-indications
    - Please refer to implant brochure for more information
    - Denture matrixes (gold clips) are a wearable item. They need replacement every 2 years at a cost to you.

All the information I have given on this form is correct.

I have read, understood and agree to the surgery policies and guidelines.

I understand the replacement guarantees are void if regular 6 monthly check-ups are not maintained.

I consent to treatment by the practicing dentist.

I understand that in the event of unpaid fees, all recovery costs will be borne by the patient.

I understand that an audio recording may form a part of my clinical records.

Signed _____ **Date**_____

BESPOKE DENTAL STUDIO

email: reception@bespokedentalstudio.com.au

68/143 Corrimal St, Wollongong 2500 166 Cowper St, Warrawong 2502

ph: (02) 4274 1506 fax: (02) 4276 3955

PRIVACY POLICY

Within Australia, the Australian Charter of Healthcare Rights (ACHR) applies to the entire healthcare system, and it allows patients, consumers, families, carers and healthcare providers to have a common understanding of the rights of people receiving healthcare. The rights included in the ACHR relate to access, safely, respect, communication, participation, privacy and comment.

We have developed the following charter of patient rights consistent with the Australian Charter of Healthcare Rights.

Safety

Our aim is to provide appropriate dental services in a safe, secure and supportive environment. We encourage patients and/or staff to raise any concerns they may have. If a concern is raised, all staff and management are required to address the concern as soon as possible.

All patients are required to complete a full medical history as accurately and completely as possible, to allow staff to identify any circumstances that my increase the risks associated with dental care.

In the unlikely occurrence of an adverse even, our dental practitioners have a responsibility to be open and honest in communications with the patient involved, and families or carers if applicable.

It is the responsibility of the registered dental practitioner, in accordance with the registered dental practitioner, in accordance with the Dental Board of Conduct for Register Health Practitioners,. To explain to the patient what happened and why, as well as offering support and advice with regard to how the situation can best be resolved or managed.

Upon recognising the occurrence of an adverse event, the dental practitioner will follow our Open Disclosure Process, which aligns with the Australian Commission of Safety and Quality in healthcare's Open Disclosure Standard, as outlined below:

- Act immediately to rectify the problem, if possible, including seeking any necessary help and advice
- Explain to the patient, in sufficient detail, so the patient understands what has occurred, including the anticipated short-term and long-term consequences
- Acknowledge any patient distress and provide appropriate support
- Develop a future management plan for the patient if required

Respect

We value all patients as a unique person and hope that at all times we can provide dental treatment in a manner that is respectful of their culture, beliefs, values and personal characteristics. Patients are asked to reciprocate this respect by being mindful of all staff at Bespoke Dental Studio and towards other patients.

Communication and Decision Making

We respect the patient's right to receive adequate information to make informed decisions regarding their health and healthcare. Consequently, all staff should continually demonstrate a commitment to providing patients with accessible and understandable information about their treatment and treatment options, including costs, proposed medications and risks involved. This should also include maintaining suitable evidence that patients are fully informed about their proposed treatment and have been a partner in the development of their treatment plan. Such evidence will be monitored through Bespoke Dental Studio's review process.

We do not expect patients to actively participate in decisions and choices about their treatment and dental needs. For extensive treatment plans we also encourage a patient to involve their family or carer in the decision-making process.

Informed Consent Process

The initial examination of a patient shall be considered implied consent to that procedure based on the booking of an appointment, attendance, and the patient allowing the physical examination to occur. Any subsequent treatment shall require the patient to make an informed decision and consent to the treatment either verbally or in writing depending on the procedure and associated risks.

The dental practitioner who is to perform the treatment is responsible for the following informed consent process in line with the Dental Board Code of Conduct for Register Health Practitioners.

A patient will be:

- Told (or receive information in some other way) what procedure is being proposed
- Told (or receive information in some other way) about the possible risks and benefits of the treatment in a form or manner they can understand
- Informed of the risks and benefits of all options
- Afforded the opportunity to ask questions and receive answers that meed with their satisfaction
- Afforded sufficient time (if needed) to discuss the plan with their family, carer or advisor, especially for complex treatment plans
- Fully informed of and comprehending the cost of treatment
- Able to use the information provided to them to help them make a decision they believe is in their best interest, in the absence of any coercion from the dental practitioner
- Afforded the opportunity to communicate their decision to the dental practitioner either verbally or in writing

We require all dental practitioners provide relevant documentation to the patient about the proposed treatment. The practice also requires dental practitioners to use their clinical judgement to determine where written consent is required from the patient and/or carer. Dental practitioners shall consider additional information regarding guardianship arrangements for consent matters when dealing with vulnerable patients. Sufficient detail is to be recorded in patient records to reflect the information provided to the patient is associated with their treatment options and the treatment plan, which is ultimately agreed upon.

Informed consent documentation

All informed consent documentation used by the practitioners is reviewed at regular intervals and any updates to these documents are designed to improve patient understanding and the quality of care provided.

Privacy

In accordance with the *Commonwealth Privacy Act 1988,* the Dental Board Code of Conduct for Register Health Practitioners, the Office of the Australian Information Commissioner- Australian Privacy Principles and the ACT Health Records (Privacy and Access) Act 1997, a patient can expect that their personal health and other information will be collected, used, disclosed and stored in accordance with relevant laws about privacy, and that this information will remain confidential unless the law allows disclosure or the patient directs us to release the information.

The Privacy Policy of this practice consists of the following:

All information collected from the patient will be used for the purpose of providing treatment. Personal information such as name, address and health insurance details will be used for the purpose of addressing accounts to the patient, as well as processing payments and writing to the patient about any issues affecting their treatment.

We may disclose a patient's health information to other health care professionals, or require it from them if, in our judgement, it is necessary in the context of the patient's treatment. In this event disclosure of personal details will be minimised wherever possible.

We may also use parts of a patient's health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, a patient's personal identity would not be disclosed without their consent to do so.

Patient history, treatment records, x-rays and any other material relevant to treatment will be kept and remain In a secure environment.

Any photographs used for marketing will be de-identified unless prior consent is sought from the patient.
Under the privacy law, patients have rights of access to dental information held about them by this practice. We welcome a patient to inspect or request copies of their treatment records at any time, or seek an explanation from the dentist.

The following procedure has been developed to ensure that all requests for access are dealt with as efficiently as possible:

- All requests for access (other than straightforward requests for copies of test or treatment results made to your dentist during your consultation) should be made in writing using (where available) a Request for Release of Dental Records Form.
- Requests for access will be acknowledged within 30 days, the patient will be notified/advised when and if access will be granted.
- Where it is not possible for access to be granted within 30 days, the patient will be notified/advised when and if access will be granted.
- Where access is refused, the patient will be advised in writing of the reasons for refusal. This will include any information about other means by which access may be facilitated.
- A patient will not be permitted to remove any of the contents of their dental file from the practice, nor will they be permitted to alter or erase information contained in the dental record. However, if any of the information we have about a patient is inaccurate, a patient is encouraged to ask us to alter their records accordingly, in writing.
- When a request for copies of dental records is received, an administration fee might be charged and this would be at the discretion of the senior management/Principal Dentist and determined on a case by case basis.
- Generally, patients will be required to collect their records in person. However, in some limited circumstances patients may request in writing that records are provided to another person.
- If a patient, or authorised person, is collecting a copy of dental records, they may be required to provide identification. Where possible this should be photographic identification.
- If information is requested electronically, we cannot guarantee privacy at recipient addresses.

Patient Consent

By signing the consent section of this form, you have agreed that you have read and understood the practice policies (including the privacy policy) of this practice.

Furthermore, you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed.

- I have reviewed the above information that explains how your practice will use my personal information and the steps taken in order to protect my information.
- I have read and understood the Privacy Policy of this practice.
- I agree that the practice can collect, use and disclose personal information only as set out in the Privacy Policy schedule of this practice.

Signed _____ **Date**_____