

**PLEASE COMPLETE AND BRING TO YOUR APPOINTMENT**

Ref: \_\_\_\_\_  
(Office use only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home No: \_\_\_\_\_ Work/Mobile: \_\_\_\_\_

What is the main concern with your teeth?  
\_\_\_\_\_  
\_\_\_\_\_

How have you come to us?

- Dentist referral
- Recommendation of family or friend      Name: \_\_\_\_\_
- Smile Council Website
- Internet social network (eg. facebook, Twitter)
- Radio
- Newspaper Advertisement
- Other \_\_\_\_\_

Are you coming for a second opinion?       YES     NO  
Are you in orthodontic treatment currently?       YES     NO  
Have you had orthodontic treatment previously?       YES     NO

Who is your family dentist?

NAME: \_\_\_\_\_

Street Address (if known): \_\_\_\_\_

Suburb \_\_\_\_\_

Have you had a dental check-up in the last 12 months?       YES     NO  
If "NO", when was the last dental check-up? \_\_\_\_\_

Which Health Fund do you belong to? \_\_\_\_\_

Do you give Smile Council Orthodontics permission to provide this fund with  
Account and/or appointment information at requested?       YES     NO

Have your teeth or jaws ever been damaged in an accident?       YES     NO

Do you have painful, clicking or locking jaw joints       YES     NO

Have we treated any other members of your family?       YES     NO

NAME(S): \_\_\_\_\_

Relation to you? \_\_\_\_\_

Who will be responsible for the payment of fees?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



**Specialist Orthodontists**

**Dr. Albert Wong M.D.Sc.**  
Bundoora Provider No: 0520867J  
Balwyn North Provider No: 0520868X

**Dr. Samar Amari M.D.Sc.**  
Bundoora Provider No: 0561425H  
Balwyn North Provider No: 0561426W

**Dr. Hong J. Chan D.C.D.**  
Bundoora Provider No: 2370326Y  
Balwyn North Provider No: 2370327J

**Dr. Katherine Diaz D.C.D.**  
Bundoora Provider No: 2471969A  
Balwyn North Provider No: 247196AK

**Dr. Braydon Patterson D.C.D.**  
Bundoora Provider No: 297989AF  
Balwyn North Provider No: 297989BT

**Dr. Arjun Atresh D.C.D.**  
Bundoora Provider No: 4357806L  
Balwyn North Provider No: 4357807A

**Offices**

18 Scholar Drive  
University Hill  
Bundoora 3083

16 Doncaster Rd  
Balwyn North 3104

Tel: 1300 733 077  
Fax: 03 94738550

**Mail**

PO Box 2042  
University Hill  
Bundoora 3083

info@smilecouncil.com.au  
www.smilecouncil.com.au

Smile Council Pty Ltd trading as  
Smile Council Orthodontics  
ABN 91 893 766 988

## MEDICAL HISTORY

Ref: \_\_\_\_\_  
(Office use only)

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who is the family doctor? Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Have you ever had any serious medical or surgical problem(s)?  YES  NO  
If "YES", please provide details:

Do you suffer from or has had any of the following? (If "YES", please tick)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Rheumatic fever                            | <input type="checkbox"/> Heart disease / murmur | <input type="checkbox"/> High blood pressure             |
| <input type="checkbox"/> Stroke                                     | <input type="checkbox"/> Rheumatism             | <input type="checkbox"/> Asthma - mild /moderate /severe |
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> Fits / Epilepsy        | <input type="checkbox"/> Kidney disease                  |
| <input type="checkbox"/> Hepatitis                                  | <input type="checkbox"/> Any blood disorder     | <input type="checkbox"/> HIV / AIDS                      |
| <input type="checkbox"/> Osteoporosis                               | <input type="checkbox"/> Heart disease / murmur | <input type="checkbox"/> Joint problems / replacement    |
| <input type="checkbox"/> Disorder of the stomach / digestive system |   |  |

Do you have any allergies? (eg. Latex, Medicines, Foods, etc)  YES  NO  
If "YES", please provide details:

Are you taking any medication?  YES  NO  
If "YES", please provide details:

Do you have any medical condition needing ANTIBIOTIC COVER before dental treatment?  
If "YES", please provide details:  YES  NO

If female, are you pregnant?  YES  NO

Are you a smoker?  YES  NO

Are there any other medical or physical condition(s) we need to know about?  YES  NO  
(Eg. Learning difficulty, Anxiety, Hearing impairment, Autism Spectrum Disorder, etc)  
If "YES", please provide details:

Is there anything you would like to discuss with the doctor in private?  YES  NO

**Please note that we can only treat you according to the information you have provided us.**  YES

Name: \_\_\_\_\_ (Patient/Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Specialist Orthodontists

Dr. Albert Wong M.D.Sc.  
Bundoora Provider No: 0520867J  
Balwyn North Provider No: 0520868X

Dr. Samar Amari M.D.Sc.  
Bundoora Provider No: 0561425H  
Balwyn North Provider No: 0561426W

Dr. Hong J. Chan D.C.D.  
Bundoora Provider No: 2370326Y  
Balwyn North Provider No: 2370327J

Dr. Katherine Diaz D.C.D.  
Bundoora Provider No: 2471969A  
Balwyn North Provider No: 247196AK

Dr. Braydon Patterson D.C.D.  
Bundoora Provider No: 297989AF  
Balwyn North Provider No: 297989BT

Dr. Arjun Atresh D.C.D.  
Bundoora Provider No: 4357806L  
Balwyn North Provider No: 4357807A

### Offices

18 Scholar Drive  
University Hill  
Bundoora 3083

16 Doncaster Rd  
Balwyn North 3104

Tel: 1300 733 077  
Fax: 03 94738550

### Mail

PO Box 2042  
University Hill  
Bundoora 3083

info@smilecouncil.com.au  
www.smilecouncil.com.au

Smile Council Pty Ltd trading as  
Smile Council Orthodontics  
ABN 91 893 766 988

## YOUR HEALTH INFORMATION - PRIVACY CONSENT FORM

In accordance with the Victorian Health Records Act 2001 and Federal Privacy Act 1988 Our practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

- 1 The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.
- 2 We may disclose your health information to other health care professionals, or require it from them if, in our judgement, that is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
- 3 We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.
- 4 Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek an explanation from the Orthodontist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, our usual fees apply to these services.
- 5 If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Otherwise, please sign this form as confirmation that you have read and understood our privacy policy, and consent to the use of your health information in this way.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Parent /Guardian Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID (Office use only): \_\_\_\_\_



### Specialist Orthodontists

Dr. Albert Wong M.D.Sc.  
Bundoora Provider No: 0520867J  
Balwyn North Provider No: 0520868X

Dr. Samar Amari M.D.Sc.  
Bundoora Provider No: 0561425H  
Balwyn North Provider No: 0561426W

Dr. Hong J. Chan D.C.D.  
Bundoora Provider No: 2370326Y  
Balwyn North Provider No: 2370327J

Dr. Katherine Diaz D.C.D.  
Bundoora Provider No: 2471969A  
Balwyn North Provider No: 247196AK

Dr. Braydon Patterson D.C.D.  
Bundoora Provider No: 297989AF  
Balwyn North Provider No: 297989BT

Dr. Arjun Atresh D.C.D.  
Bundoora Provider No: 4357806L  
Balwyn North Provider No: 4357807A

### Offices

18 Scholar Drive  
University Hill  
Bundoora 3083

16 Doncaster Rd  
Balwyn North 3104

Tel: 1300 733 077  
Fax: 03 94738550

### Mail

PO Box 2042  
University Hill  
Bundoora 3083

info@smilecouncil.com.au  
www.smilecouncil.com.au

Smile Council Pty Ltd trading as  
Smile Council Orthodontics  
ABN 91 893 766 988