FUTURE DENTAL

Patient Information, Medical History & Informed Consent

New patients completing this form on arrival are asked to arrive 15 minutes before their appointment time. This form can also be completed online at futuredental.com.au

1. Personal Information

Title | Given Name(s) | Preferred Name

Surname | Date of Birth

Home Address

Suburb | State | Postcode

Home Phone | Mobile | Work Phone

Best contact number during business hours | Email Address

Emergency Contact

Name | Relationship | Phone

Medical Doctor

Doctor's Name | Practice Name | Doctor's Phone

Health Fund Name

Private Dental Insurance? ☐ Yes ☐ No

Interested in Payment Plans? ☐ Yes ☐ No

Who is paying your dental fees?

☐ Yourself ☐ Partner / Spouse ☐ Parent / Legal Guardian ☐ Third Party

☐ DVA ☐ WorkCover QLD ☐ Other

How did you find us?

☐ Word of Mouth ☐ Google ☐ Facebook ☐ Website ☐ Walk In ☐ Yellow Pages ☐ Other

If 'Other' — please specify | Who can we thank for referring you?

2. Confidential Medical History

Please tick any conditions that apply to you. Leave all others blank. Even minor conditions may be clinically important — please be thorough.

Lifestyle & Habits

- ☐ Cigarettes
- ☐ Chewing tobacco
- ☐ Alcohol (regular)
- ☐ Energy drinks
- ☐ Teeth grinding or clenching
- ☐ Snoring
- ☐ Vaping
- ☐ High sugar foods / confectionary
- ☐ Fizzy or acidic drinks
- ☐ Sports drinks
- ☐ Chewing gum regularly
- ☐ Recreational drugs

Pregnant or possibly pregnant? Yes / No

If yes — how many weeks? _____

Heart Conditions

- ☐ Rheumatic Fever
- ☐ Atrial Fibrillation
- ☐ Angina
- ☐ Valve Replacement Surgery
- ☐ Pulmonary Stenosis
- ☐ Pacemaker fitted
- ☐ Heart Murmur
- ☐ High / Low Blood Pressure
- ☐ Heart Attack
- ☐ Coronary Bypass Surgery or Stents
- ☐ Myocarditis / Vaccine Injury
- ☐ Other heart conditions

Additional details (if applicable):

Blood Conditions

- ☐ Hepatitis A, B, C or D
- ☐ HIV / AIDS
- ☐ Abnormal blood test results
- ☐ Blood transfusions or refusals
- ☐ Anaemia / Vitamin K deficiency
- ☐ Overactive blood clotting
- ☐ Haemophilia / Von Willebrand's Disease
- ☐ Other blood conditions

Additional details (if applicable):

Allergies

- ☐ Penicillin or other antibiotics
- ☐ Hayfever / Sinusitis
- ☐ Plants, dust mites, pet fur
- ☐ Foods including nuts
- ☐ Local anaesthetic
- ☐ I carry an EpiPen
- ☐ Latex
- ☐ Tetanus toxoids / anti-tetanus serum
- ☐ Eczema
- ☐ General anaesthetic
- ☐ Aspirin / Paracetamol / Ibuprofen / Codeine
- ☐ Other allergies

Additional details (if applicable):

Clinical Warnings

- [ ] Hearing or sight impairment
- [ ] Antibiotic cover required
- [ ] Bruising or persistent bleeding
- [ ] Warning card issued
- [ ] Treatment requiring hospital
- [ ] Do Not Recline Steroids within past 2 years
- [ ] Blood thinners or anti-clotting drugs Currently under specialist treatment

Additional details (if applicable):

Chest & Respiratory

- [ ] Obstructive Sleep Apnoea
- [ ] CPAP use / Sleep guard use
- [ ] Bronchitis / Bronchiectasis
- [ ] Cystic Fibrosis
- [ ] Pneumonia / Pleurisy
- [ ] Chest Surgery
- [ ] Other chest conditions
- [ ] Sleep Apnoea
- [ ] Mouth breathing
- [ ] Emphysema / COPD
- [ ] Tuberculosis
- [ ] Whooping Cough
- [ ] Asthma

Additional details (if applicable):

Other Medical Conditions

- [ ] Liver Disease
- [ ] Diabetes Type 1
- [ ] Epilepsy / Seizures
- [ ] Hiatus Hernia
- [ ] Bone or Joint Disease
- [ ] Artificial Joint
- [ ] Transient Ischaemic Attacks (TIAs)
- [ ] Giddiness / Vertigo / Tinnitus
- [ ] Cancer / Radiotherapy / Immunotherapy / Chemotherapy
- [ ] Extreme dry mouth or thirst
- [ ] Multiple Sclerosis
- [ ] TMJ Pain / Clicking jaw
- [ ] Cold Sores / Shingles / Papilloma Virus
- [ ] Kidney Disease
- [ ] Diabetes Type 2
- [ ] Acid Reflux / Heartburn / Eating Disorder
- [ ] Thyroid Disease
- [ ] Osteoporosis / Osteopenia
- [ ] Stroke
- [ ] Fainting / Blackouts
- [ ] Past Serious or Infectious Disease
- [ ] Depression / Anxiety / Panic Attacks
- [ ] Nervous problems / Neuralgia
- [ ] Chronic back or neck pain
- [ ] Severe Headaches / Migraine

Additional details (if applicable):

Medications, Supplements & Remedies

Please list all current medications, over-the-counter medicines, supplements and alternative remedies (include dosages where known).

3. Practice Arrangements

Standby List

Would you like to be on our standby list for earlier appointments? Yes No

If yes — how much notice do you need?

Best phone number for standby contact

Appointment Reminders

☐ I would like SMS / email reminders

☐ I take full responsibility for keeping my appointments

If you choose reminders: your appointment will be automatically cancelled if we do not receive confirmation at least 24 hours before (Mon–Wed, 8am–5pm). Failure to confirm and not attending may incur a fee.

4. Financial & Cancellation Policies

Payment

Payment in full is required at the time of service. We do not issue accounts. After your first visit, treatment details and fees will be provided in writing for your signature.

Payment Plans

Payment plans are available to approved applicants and must be established before any treatment commences. Any delay in payment will incur interest at 1.75% per calendar month plus an account maintenance fee of $25. All debt collection costs will be passed on to you.

Cancellations — 24 Hours Notice Required

At least one full working day's (24 hours') notice is required to cancel or shorten any appointment. Office hours: Monday to Wednesday, 8:00am–5:00pm. A Thursday/Friday/weekend cancellation for a Monday appointment is not adequate notice. Inadequate notice may result in a cancellation fee of $90 per 30 minutes (or part thereof). This fee is non-refundable.

Failure to Attend

Failure to attend without adequate notice may result in the same cancellation fee ($90 per 30-minute block). We reserve the right to charge a pre-paid booking fee for future appointments. Repeated failures to attend may result in you not being seen again.

Long Appointments & Laboratory Work

Failure to attend or late cancellation for a signed long appointment may result in a charge for the full fee. Dental laboratory work is invoiced at the commencement appointment, not the insertion appointment. Full payment or a minimum of 50% is required at the first appointment.

Treatment Consent

All treatment options (including no treatment) will be discussed with you before any work begins. Verbal consent given to the dentist is legally binding and payment is required at the end of that appointment. You will not be judged based on your decisions. A signed treatment plan will be provided for each subsequent visit.

Dental Records & X-Rays

Dental records including X-rays are the legal property of the practice. To transfer records, the receiving practice must forward a signed Records Release Form to us.

Child Dental Benefit Scheme (Medicare CDBS)

Certain services may not be covered or may have a gap fee, and the annual limit may be reached with treatment still required. Any out-of-pocket expenses will be discussed before treatment. Once the CDBS annual limit is reached, you are financially responsible for all further fees, payable at the time of treatment.

☐ ☐ ☐

5. Declaration & Signature

I confirm that I have read and understood all of the above information and agree to these conditions. I consent to the dentist performing all procedures that have been discussed, agreed upon, and deemed clinically necessary.

Full Name — please print clearly

Or — Parent / Guardian Name (if signing on behalf of a child)

Parent / Guardian Name

Signature

Date

Thank you for choosing Future Dental. Your health and safety are our priority.