

## NEW PATIENT QUESTIONNAIRE

Please answer these questions as completely as possible. It will assist us greatly in our effort to provide the best orthodontic treatment for you.

### PERSONAL DETAILS

Parents and Guardians, please fill in for person having the treatment.

Name: Mr/Dr/Mrs/Ms/Mast/Miss First name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Contact Number: Mobile: \_\_\_\_\_ Hm: \_\_\_\_\_ Wk: \_\_\_\_\_

Name of Dentist and Dental Clinic \_\_\_\_\_

Whom may we thank for your referral today?

Dentist ☐ Yellow Pages ☐ Internet ☐ Friends/relatives ☐ Other \_\_\_\_\_

What do you think is the patients orthodontic problem? \_\_\_\_\_

What do hope to accomplish from your orthodontic treatment? \_\_\_\_\_

Have you had any other previous orthodontic treatment? \_\_\_\_\_

### PAYMENT

Please fill in for person responsible for payment.

Name: Mr/Dr/Mrs/Ms/Miss First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Best contact number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Private Health Fund (if applicable): \_\_\_\_\_ Member Number: \_\_\_\_\_

In the event that the account is not paid within our normal trading terms, I/we agree to pay all late charges and any debt collection costs associated with the collection of these overdue fees.

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

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

### MEDICAL QUESTIONNAIRE

I have private/confidential matters which I wish to discuss with the orthodontist

Y N  
☐ ☐

Are you in good health?

☐ ☐

Are you receiving any medical treatment at present?

☐ ☐

Name of Doctor and Medical centre: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any prescription or non prescription drugs you are taking: \_\_\_\_\_

Have you ever been hospitalised for any reason? ☐ ☐

If Yes, please explain: \_\_\_\_\_

Do you suffer, or have you ever suffered from:

High/Low Blood Pressure

☐ ☐

Excessive Bruising/Bleeding/Haemophilia

☐ ☐

Severe or frequent headaches

☐ ☐

Rheumatic fever

☐ ☐

Heart Complaints/treatment

☐ ☐

Blood disorders

☐ ☐

Diabetes

☐ ☐

Asthma

☐ ☐

Hepatitis/Jaundice

☐ ☐

HIV/AIDS positive

☐ ☐

Radiation treatment

☐ ☐

Anaemia

☐ ☐

Artificial bones/Jaws

☐ ☐

Are you pregnant Yes ☐ No ☐ If Yes Due date: \_\_\_\_\_

Do you have any allergic reactions to latex, metal or plastic? ☐ ☐ Please List

Do you suffer from any other allergies? Yes ☐ No ☐ Please list: \_\_\_\_\_

I the undersigned acknowledge that the information required is true and correct and accurately represents the medical history of the person receiving treatment. If any personal or medical history changes I will notify Peel Orthodontics immediately to update my records.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Parent/Guardian if under 18 years Y/N \_\_\_\_\_

## PRIVACY POLICY

Our Practice respects your rights 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 the information might be disclosed.

The Full Privacy Policy is available from our website at [www.morethanasmile.com.au](http://www.morethanasmile.com.au) or please ask reception for a copy.

1. All information collected is kept safely in confidential records within our practice. At this practice we keep some records on paper and others on computer. Your records may include clinical notes, reports, x-rays, study models and photos.
2. The information collected will be used for the purpose of providing treatment, or to process accounts, payments and writing to you about our services and any issues affecting your treatment.
3. We may disclose your health information to other health care professionals, or require it from them if, in our judgment, that it is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible. I understand that once released, Peel Orthodontics has no responsibility for any release by the individual receiving this information.
4. We may also use part of your health information for research purposes, in study groups or at seminars this may provide benefit to other patients. Your personal identity will not be disclosed without your consent to do so.

You have the right to access the personal information that we hold about you. You can contact us in writing, by email or by telephone and request access to your personal information. Our contact details are set out in Section 8 of the Privacy Policy. We will always try to meet your request within a reasonable time. In some circumstances, your request for access may be denied, please see Section 6 of full policy for details

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. We will disclose your personal information to third parties if you have agreed that we can do so. Please refer to Section 5 of full policy document for details. 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 the 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: \_\_\_\_\_

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

### Use of Clinical Photographs and Records

Here at Peel Orthodontics, we are very proud of the smiles we create for you. We would love to show off your smile, not just for their gorgeous looks, but also for education and scientific purposes. The mediums in which this could happen may include, but are not limited to are scientific journals and lectures, our web page and our in-practice presentations.

We are committed to providing you with excellence in orthodontics and consider continuing education and keeping updated in the latest orthodontic technology an integral part of this.

Please give us permission to use your clinical photographs, as this will allow us to contribute to the improvement of orthodontics worldwide.

I, \_\_\_\_\_  
(Parent/guardian),  
Consent to the photographic records of

\_\_\_\_\_  
(Patient)  
being available for use by Peel Orthodontics for the reason listed above.

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

Please return this consent form with your agreement to our office.

Your Health Information Privacy Consent Form In accordance with the Commonwealth Privacy Act 1988



## **Dr Ash Patel**

Dr Ash Patel is an Orthodontic Specialist who owns Peel Orthodontics. After gaining his dental degree, he had a passion for orthodontics. He was granted admission to The University of Birmingham (UK) where he undertook 3 years full time study and gained a Masters as an Orthodontic Specialist. He became a member with the Royal College of Dental Surgeons England and Glasgow, UK (MOrth) and was awarded an orthodontic research degree (MPhil Orth) from The University of Birmingham (UK).

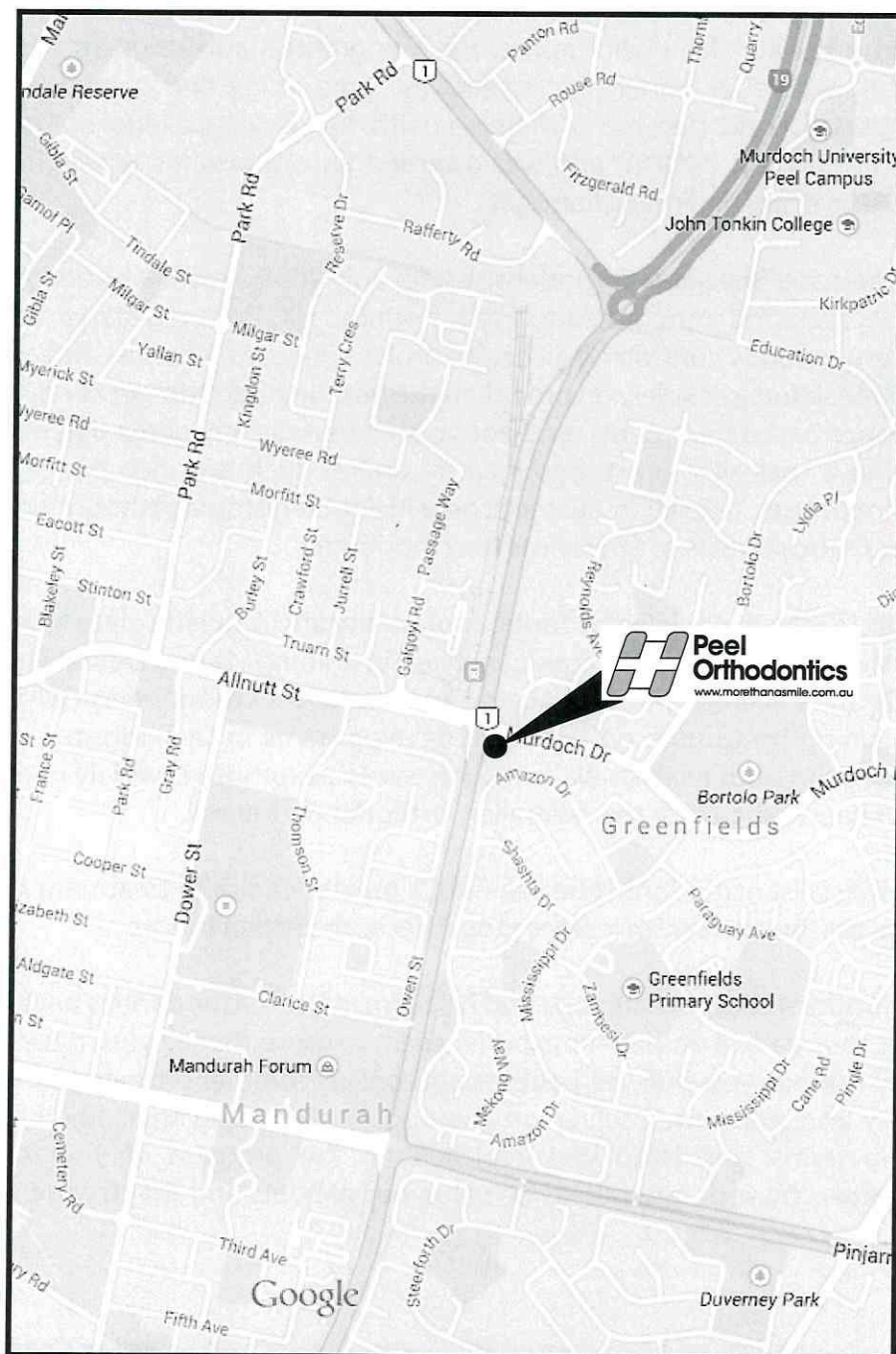
Dr Ash has worked as a Specialist Orthodontist since July 2005. In 2009 he and his wife made a life changing decision and immigrated to Perth from the UK. He is registered with AHPRA, the Australian governing body controlling all health professionals, as a dentist and as a Specialist in Orthodontics. Dr Ash focuses solely on providing the best orthodontic care for his patients using the latest evidence based treatments, and does not undertake any general dentistry. He prides himself on being a specialist in orthodontic care and as such is a member of The Australian Society of Orthodontists. Legally, in Australia, only AHPRA registered orthodontic specialists can call themselves Orthodontists or Specialists in orthodontics.

Dr Ash is heavily involved in the Orthodontic community and regularly gives lectures to general dentists on Orthodontic matters. He is also involved in training visiting Dental Therapy students and is currently State Secretary for the Australian Society of Orthodontists (WA). Dr Ash prides himself in remaining up to date on the latest developments in Orthodontics by undertaking continuing education both in Australia and overseas. His expertise is widely known and he has been asked to review articles for the Australian Orthodontic Journal.

As Dr Ash is a specialist orthodontist he can offer a greater choice in treatment modalities such as plates, metal braces, and ceramic braces together with hidden braces.

Dr Ash is very proud of the reputation he and his team at Peel Orthodontics have built. They are focused on delivering the best patient experience and ensure that all your needs are met. They achieve this by listening carefully to patients and only recommend treatment that is deemed necessary. They also pride themselves on thoroughly discussing their findings in clear and understandable terms, and keep you informed on the progress of your treatment. Peel Orthodontics grows by your referrals so we value our patients and thank you for choosing our practice.

***We specialise in orthodontics, it is the ONLY thing  
we do and we do it well.***



3/5 Murdoch Drive  
Greenfields, WA 6210

Telephone: 08 9586-9653

Email: [info@peelorthodontics.com](mailto:info@peelorthodontics.com)