DR. SOPHIA RICHARDSON
FRACDS(OMS) MBBS BDSc(Hons)
Oral & Maxillofacial Surgeon

Patient registration form – Blackburn Dental Group

Personal details

Title: Given Name(s): Surname:
Address: Postcode:
Date of Birth: / / Occupation:
Telephone H: W: M:
Email:

Our practice is committed to reducing our environmental impact, and our preferred method of written communication is via email and by sms. Please let us know if you prefer an alternate means of contact. Please note that your personal information will only be used for communication from our practice, and will not be passed onto any third party.

Contacts *Please let Dr Richardson know if you are unhappy for confidential communication with your:*

Referring Dentist

O Dr William Levecke O Dr Jenny Levecke O Dr Wynne Yip
O Dr Khanh Nguyen O Dr Rachelle Welti

General Practitioner

Name: Telephone:
Address:

Next of Kin

Name: Relationship:
Address: Telephone:

Claim Details

Medicare No: Ref No: Exp Date: / 20
Health Fund Name: Membership No:
Dept. Veterans Affairs Card No: Exp Date: / / 20

Health Questionnaire Please indicate if you are or have received treatment for:

O Diabetes O Heart Disease O High Blood Pressure O Bleeding disorder
O Stroke O Epilepsy / Fitting O Kidney Disease O Liver Disease
O Asthma O HIV / Hepatitis O Blood clots (DVT/PE) O Healing problem
O Psychological illness: O Osteoporosis treatment
O Other (including past serious illnesses):

PLEASE TURN OVER

History of **Smoking**: O Yes O No O Current Years: Amount /day:
Alcohol consumption (units/wk):
Are you **Pregnant**? O Yes O No
Prior surgical procedures (including cosmetic):

Medications / Drugs:
Prescription medication

- O Steroids O Contraceptive Pill O HRT
- O **Anti-coagulants (blood thinners):**
  - O Aspirin O Diparidymol / Asasantin O Clopidogrel / Plavix
  - O Warfarin O Rivaroxaban / Xarelto O Heparin / Clexane
  - O Thrombin inhibitors / Dibigatran / Pradaxa
- O **Current or previous use of osteoporosis medication**
- O **Other**:

Allergies (Incl. medications, tapes, lotions, latex and dressings):

Over-the-counter medication (incl. herbal & vitamins):
Recreational:

Reason(s) for consultation today:

Account & Privacy Policy

Accounts are to be settled on the day of consultation. EFTPOS, Visa, and MasterCard credit facilities are available. Personal cheques are not accepted. Accounts not settled on the same day will incur additional administrative charges. Radiology and Pathology services incur separate fees for which the provider will bill you. An estimate of the surgical fees for a procedure will be provided to you before surgery. Please note that it is your responsibility to ensure that you have a valid referral for all consultations. Medicare will only re-imburse your rebate if you have a valid referral. General Practitioner referrals are valid for 12 months and Specialist referrals are valid for 3 months.

Please notify us if you would like to view our full privacy policy.

I have read and understand these terms and conditions.

Signature: …… Date: / / 20

Name:……

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