



It is important the details about your medical history as these could affect the success of your dental treatment. The information you provide is confidential and will be handled in accordance with the Australian Dental Association privacy policy.

Given Names: Family Name:
Title: Miss Master Date of Birth:
Address: Suburb:
Hm. Phone: Mobile: Email:

How did you find us: family, friends, Google, referred by, other? :

Guardian/Parent Name: Phone:

Your GP: Name: Phone:

Private Health Fund with Dental Cover: Yes / No If so, which fund?

What would be a good outcome from today's visit?

Please tick all applicable health conditions that apply to you:

- Heart condition Excessive bleeding Hepatitis
Blood pressure Allergy to Latex Asthma
Artificial joints Allergy to anaesthetic Epilepsy
Tumor history Excessive bruising Ulcers
Sinus Trouble Allergy to medications Diabetes
Cardiac condition Allergy to penicillin ADHD
Rheumatic fever Respiratory condition Anaemia
Liver problems Radiation treatment Other

Please list any medicine you are taking at the moment

Please try to keep your appointment .We have set aside the time exclusively for you. If you are unable to keep the appointment please give us 24 hours' notice or a cancellation charge of \$50 may apply.

Thank you for your assistance.

Patient /Guardian/ Carer Signature

Date