

Update

Medical and dental history



Patient details

In order for us to maintain up to date records, please provide your contact details below.

Title: Mr Mrs Ms Miss Dr Other:

Surname: Given name: D.O.B:

Residential address:

Suburb: State: Postcode:

Home phone: Work phone: Mobile:

Email:

We communicate with our patients on a regular basis.

If you do not wish to receive marketing communications from us such as our newsletter and offers, please tick this box:

If you do not wish to receive dental check-up reminders or any other form of appointment reminders from us, please tick this box:

Emergency contact: Phone: Relation:

Private health insurer: Member #: Patient #:

Medicare #: Ref #: Expiry: Vets Affairs #: Expiry:

GP name: GP phone:

GP address:

Medical history

Please tick if you have ever had any of the following.

- | | | |
|----------------------------------|---------------------------|---------------------------------|
| Abnormal/excessive bleeding | Cancer | Neurological disorder |
| Angina | Cardiac surgery/pacemaker | Oral ulceration |
| Anxiety/depression | Congenital heart defect | Prosthetic joints |
| Artificial heart valve | Diabetes type 1/type 2 | Radiation/chemotherapy |
| Asthma | Epilepsy | Reflux |
| Blood disorder (name below) | Hearing impairment | Rheumatic fever |
| | Heart disease | Steroid therapy |
| Blood pressure (high/low) | Heart murmur | Stroke |
| Blood thinner | Hepatitis A/B/C/D | Thyroid disorder |
| Bone disease (e.g. Osteoporosis) | HIV positive | Other condition(s) (name below) |
| Current or past | Immune deficiency | |
| Bisphosphonate therapy | Kidney/liver disease | |

Are you pregnant? Yes No If so, due date?

Any allergies? If so, please list:

Are you taking medication (including natural supplements)? If so, please list

Patient/Legal guardian name: Signature: Date:

Patient/Legal guardian contact number:

OFFICE USE ONLY.

Form checked by _____ Data keyed by _____ Keying checked by _____ Form scanned by _____