Smilexcellence

a new era in dentistry

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mst ☐ Dr ☐

GIVEN NAMES: _____ SURNAME: _____

DATE OF BIRTH: ___/___/_____ OCCUPATION: _____

HOME ADDRESS: _____ SUBURB: _____ STATE: _____ P/CODE _____

TEL (HOME) _____ TEL (WORK) _____ MOBILE: _____

EMAIL ADDRESS: _____

PRIVATE HEALTH FUND NAME: _____ **MEDICARE CARD NO:** _____ **VETERAN AFFAIRS NO:** _____

EMERGENCY CONTACT DETAILS: Name: _____ Telephone: _____ Relation: _____

Medical History Details – Please tick Yes or No for the following conditions if you have or ever had it before:

	Yes	No		Yes	No
Asthma			Bone disease		
High/Low Blood Pressure (please specify)			Mental illness (please specify)		
Pacemaker/ Angina/ Cardiac surgery/ Bypass			Cholesterol problem High/ low (circle)		
Heart Attack / Murmur (please specify)			Bisphosphonate Therapy		
Artificial Valves/ Prostheses			Cancer past / present (please specify)		
Rheumatic Fever			Abnormal Bleeding / Blood Disorder		
Depression			Diabetes: Type 1 or Type 2 9please specify)		
Anaemia			HIV / AIDS Positive		
Ulcer/Hiatus Hernia (please specify)			Hepatitis A / B / C (please specify)		
Thyroid Disorder			Do you Smoke?		
Epilepsy			Are you pregnant? (due date) ……		
Previous anaesthetic problems / reactions			Do you need antibiotic cover before dental work?		
Other Medical conditions? (if yes please specify) ……					
Are you on Medication? (if yes please specify) ……					

Allergies

Please tick appropriate: None ☐ latex ☐ Penicillin ☐ Aspirin ☐ Iodine ☐ Sulphur ☐
Other (please specify)

Dental History Details –

Purpose of visit (Please Tick): Consultation ☐ Pain ☐ Hygiene ☐ Other ☐

When was your last check-up done? _____

Your GP details: Name: _____ **Contact No.** _____

How did you hear about us? Please tick below:		
☐ Local Newspaper ad	☐ GP Referral	☐ When passing by I saw the building
☐ Yellow pages on line	☐ Recommended by a friend/ family	☐ Flyer/ Magnet in the mail
☐ My health fund referred me	☐ Search engine on the internet	☐ Any other

Patient / Guardian signature: _____ **Date**: _____

Identification / Drivers licence Number: _____