

Confidential information (your records will not be passed on to any other organisation)

Family Name:..... First Name (as per legal documents): .....
Preferred Name: ..... Title: Mr/Mrs/Ms/Miss/Dr/Prof: ..... Date of Birth: / /
Street Address: ..... Suburb: ..... Post Code: .....
Telephone: (Mobile) ..... (Home): ..... (Work): .....
Email: ..... Occupation: .....

If you are the Parent / Guardian of the abovementioned person, please include your:

Family Name:..... First Name: ..... Telephone: .....

- (New Patients only this section) 1) When was your last dental examination or treatment? ..... )
2) Who referred you to our surgery? ..... )
3) What do you now wish to have done? eg Clean; Filling; Examination ..... )
4) Do you belong to a Private Health Fund for Dental care?: If YES; Name of Fund: ..... )

The following information is needed for your protection during treatment. Please answer all questions carefully.

(Please tick ONLY if applicable)



Bleeding Disorders..... Allergy to Anaesthetics .... Asthma .....
Blood Pressure High/Low ..... Allergy to Latex ..... Diabetes .....
Blood Transfusion ..... Allergy to Medication ..... Epilepsy .....
Heart Problems..... Allergy Other (see below) ..... Arthritis .....
Prosthetic parts eg Hip/Knee..... Rheumatic Fever ..... Hepatitis A, B, C (circle) .....
Chemotherapy or Radiotherapy ..... HIV/Aids test..... Result: (please tick) Pos or Neg
Do you smoke? ..... If yes how many per day? .....

Do you need to take any medication (eg antibiotic) before any dental treatment? Yes / No. If yes, how long? ..... mins.

Have you in the past 5 years had any serious illness or major operations? If so please specify and date of each operation.

Are you currently receiving medical treatment for any of these illnesses or operations? If so please specify:

Please list all PRESCRIBED medicines, drugs, tablets or antibiotics you take regularly:

ALLERGIES to medicine, drugs, antibiotics or food etc ? .....

If female, are you currently pregnant? Y / N If yes, when is your baby due? .....

Signature: X

Today's Date: ...../...../.....