

Confidential Medical History and Consent for Treatment

Please answers all question to the best of your knowledge. Please ask reception if you need help with any questions. If you prefer, please speak to the dentist at the beginning of your consultation.

Prof Dr Mr Mrs Miss Ms SURNAME _____ GIVEN NAME _____
 MALE/FEMALE DATE OF BIRTH _____ OCCUPATION _____
 EMAIL _____
 ADDRESS _____ SUBURB _____
 POSTCODE _____ PHONE _____ MOBILE _____

HOW WOULD YOU LIKE TO BE CONTACTED FOR YOUR APPOINTMENT?

EMAIL SMS PHONE CALL OTHER _____

PRIVATE HEALTH INSURANCE _____ HEALTH FUND # _____ ID# _____

EMERGENCY CONTACT NAME _____ MOBILE _____

IF UNDER 16 YEARS, PARENT/GUARDIAN NAME _____

FAMILY DOCTOR/CLINIC: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? GOOGLE WEBSITE WORD OF MOUTH OTHER _____

<u>Reason for visit:</u>							
<u>Allergies (e.g. penicillin, latex):</u>							
<u>List of Current Medications:</u>							
MEDICAL CONDITION	YES	NO	DETAILS	MEDICAL CONTION	YES	NO	DETAILS
Serious Complications with dental treatment				Stroke			
Prolonged bleeding after extractions or bleeding disorders (eg: Anaemia)				Arthritis/Osteoporosis (taking Bisphosphonates)			
High/Low Blood Pressure				Sinuses Therapy			
Heart Abnormality or Complaint				Tuberculosis			
Artificial hip, heart valve or prosthetic appliance				Pregnant			Weeks Due Date
Asthma or Respiratory Problem				Breastfeeding			
Sleep Problems/Difficulties				Stomach Ulcers			
Rheumatic Fever				Thyroid Disease			
Cancer/Radiation Treatment/Steroid Therapy				Liver or Kidney Disease			
Epilepsy or Convulsions				Do you smoke			
Diabetes			Type 1 Type 2	Hepatitis A,B,C or HIV/AIDS			

I declare that the above information is true and correct. I hereby consent to treatment at this clinic. I agree to all the term and conditions, policies, and privacy statements of the clinic. Please note; The practice may charge a "cancelation fee" if notification is received less than 24 hours from the time of the appointment. The practice may also charge a "fail to attend fee" if an appointment is missed completely.

SIGNATURE: _____ DATE: _____