123 DENTAL

CONFIDENTIAL MEDICAL HISTORY FORM

Name: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Address: _____ Suburb: _____

Date of Birth: _____ Mobile: _____ Phone (Home): _____

Email: _____ Occupation: _____ Employer: _____

Emergency Contact: _____ Relationship: _____ Mobile: _____

Health Fund Name: _____ Membership #: _____ Series #: _____

GP/Specialist Details: _____

When did you last visit a dentist? _____ How did you hear about us? _____

Please list any medications you are currently taking, including over the counter and herbal medicines:

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please list them below:

_____

Have you ever had any of the following conditions?

	Y	N		Y	N
Anticoagulant (Blood thinning) Medication			Heart Surgery		
Asthma			Hepatitis Type:		
Bisphosphonate Treatment			High/Low Blood Pressure		
Cancer Type:			HIV or Aids		
Chemo or Radiotherapy			Joint Replacement Year:		
Cold Sores			Osteoporosis		
Depression/Anxiety Disorder			Rheumatic Fever		
Diabetes Type:			Thyroid Disease		
Dry Mouth			Tuberculosis		
Epilepsy			Snoring or Sleep Apnoea		
Excessive Bleeding or Bruising			Are you pregnant?		
Family History of Diabetes			Are you breastfeeding?		
Gastric Ulcer			Do you smoke? How many?		
Heart Condition			Do you grind your teeth?		

Would you like to discuss any of the following with your dentist?

☐ Tooth whitening ☐ Orthodontic treatment (braces) including Invisalign
☐ Implants ☐ Any other dental treatment

I can confirm that this information is an accurate representation of my medical history. I understand that all information will be treated with professional confidentiality. I agree to be responsible for payment of all services rendered on my behalf and on behalf of my dependents. I understand that payment is due at the time of service unless other arrangements have been made and that I may incur a $100 fee for missed appointments or cancellations with less than 24 hours' notice.

Patient signature: _____ Date: _____ Reviewed: _____

(If under 18 years old parent/guardian to sign and complete below)

Parent/Guardian: _____ Date: _____ Reviewed: _____