

Medical History

Title.....Surname.....Firstname..... DOB:/...../.....
 Address: Postcode:Ph#.....
 Email: Occupation:
 Regular GP Practice Practitioner.....
 Private Health Fund.....Member #...../..... MedicareIRN.....
 In case of Emergency Please contact.....Relation to you.....Phone#.....
 Is English your first Language? Yes/No
 Do you have any visual or hearing impairments? Yes/No
 Do you require any guardian or carers assistance in treatment explanations or acceptance? Yes/No
 (All children require Guardian/Carers consent for treatment)

ALLERGIES Please Circle

Penicillin Yes / No Aspirin Yes / No Iodine Yes / No Sulpha Drugs Yes / No Latex Yes / No

Other:
 Have you had an unusual reaction to any drugs or medicines? NO/YES.....
 Are you taking Bisphosphonates, Prolia or Fosamax for treatment of Osteoporosis NO/YES.....
 Have you had any Radiotherapy/Chemotherapy? NO/YES.....Year(.....)
 Is your medical practitioner currently treating you? NO/YES.....
 Have you ever experienced abnormal bleeding? NO/YES.....
 Have you had heart disease, murmur, or faulty heart valve? NO/YES.....
 Are you Currently pregnant or breast feeding? NO/YES.....
 Are you HIV positive or in any high-risk group for being HIV positive? NO/YES.....
 Do you take any blood thinning medications (IE Aspirin, Warfarin, Cartia) NO/YES.....
 Are you a smoker? NO/ YES Per day?.....For how many years?.....

Please circle the medical conditions that you have experienced/currently experience:

- Heart Trouble Diabetes (Type 1, 2) Depression Kidney Trouble
- High Blood Pressure Hepatitis A, B, C or D Mental Illness Liver Trouble
- Tuberculosis Rheumatic Fever Low Blood Pressure Epilepsy
- Thyroid Trouble Asthma Osteoporosis Anaemia/Blood Disorders

Other:

Please list any surgeries (Heart, Joint replacement, other major surgeries) and any other major medical procedures or serious illness? (Please specify type & approximate year)

Medication name	Dosage	Frequency (Daily, weekly)	Reason prescribed

Acceptance of Treatment & Treatment Cost: I consent to the performing of dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anaesthetic as indicated and will assume responsibility for fees with those procedures. I also consent to and understand that it may occasionally be necessary for my dentist to confer with other clinicians. I understand that the payment methods for today's treatment are Cash, EFTPOS, Visa, Mastercard, HICAPS, ZipPay & Afterpay.

Patient's (parent or guardian signature): Date:

Getting to know you

Thank you for selecting our dental practice, if you have the time to complete these additional questions before your appointment it would be greatly appreciated.

How did you hear about us?

When was your last dental check up?

Within 1 year, Two - Three years, Three - Five years, Five + years

How would you rate your previous dental experiences? (1 being poor, 10 being excellent)

Is there anything that makes you anxious about your appointment today?

How do you rate your current dental health? (1 poor, 10 Excellent)

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

Shape of teeth Shade of teeth Strength of teeth Alignment of teeth Missing teeth replacement options

Do you consume any of the following beverages in your daily life?

Tea & Coffee Vegetable/Fruit Juice full sugar soft drinks Diet soft drinks or carbonated water

Apple Cider Vinegar Alcoholic beverages Energy drinks

How often would you consume sweet treats?

Daily Multiple times a week Once a week Infrequently Not at all

Do you snack between meals? Yes No Occasionally

How often do you brush your teeth? Once Daily Twice daily Three times daily Infrequently

Do you use a manual or an electric toothbrush?

How often do you floss your teeth?

Once daily Twice daily Every couple of days Once a week Infrequently Never

Do you use traditional floss, interdental brushes or water flosser?

Do you suffer from any of the following?

Grinding of the teeth Clenching of the Jaw Sleep Apnoea or sleep disturbance

Do you prefer to schedule longer dental appointments to maximise treatment with minimum time away for work or would you prefer multiple smaller appointments?