Patient History Form

smiles dental care

☐ Mr ☐ Miss ☐ Ms ☐ Mrs ☐ Mst D.O.B: ☐☐ ☐☐ ☐☐

Surname:	Address:
First Name:	Postcode:
Home Phone:	Mobile:
E-mail:	Drivers Licence No:
Business Name:	Occupation:
Business Address:	Business Phone:
Emergency Contact:	Phone:

MEDICAL HISTORY

Doctor's Name:	Phone:

Have you had any of the following?

☐ Rheumatic Fever ☐ Tuberculosis ☐ Excessive bleeding ☐ Epilepsy ☐ Diabetes ☐ High Blood Pressure

☐ Aids/HIV ☐ Hepatitis A, B, C ☐ Asthma ☐ Kidney Disease ☐ Heart Ailment

Other Medical Problems:

Are you currently under medical care or taking any medication?	Y N	**If yes,** what?
Are you currently taking osteoporosis medication?	Y N	
Are you allergic to any drugs, medicines or latex?	Y N	**If yes**, what?
Have you been hospitalised in the last 5 years?	Y N	**If yes,** what for?
Do you have an artificial hip, heart valve or other prosthetic implants?	Y N	**If yes,** what?

Are you a smoker? Y N **WOMEN.** Are you pregnant? Y N

DENTAL HISTORY

Have you ever had any problems with dental treatment?	Y N	**If yes,** describe:
Have you had your wisdom teeth removed?	Y N	
Does dental treatment make you nervous?	Y N	
Are you aware of clenching or grinding your teeth, day or night?	Y N	

Please indicate the last time you visited the dentist:

Are you here for: ☐ Check Up ☐ Toothache ☐ Appearance ☐ Clean ☐ Other Reasons

Chief complaint about your teeth:

Is there anything about your smile you would like to change?	Y N	**If yes,** what?
Do you have dental insurance?	Y N	**If yes,** which fund?

HOW DID YOU EVER KNOW WE EXISTED? (Tick as many as appropriate)

☐ Recommended by someone

☐ Seen the practice ☐ Brochure ☐ Flyer or Postcard in mail ☐ Advertising

☐ Yellow Pages Ad ☐ Newsletter ☐ Email newsletter ☐ Smiles Dental Care Website

☐ Google ☐ Yahoo ☐ yellowpages.com.au ☐ dentist.com.au (Your Dentist)

☐ mylocal.com.au ☐ truelocal.com.au ☐ Sponsorship

I have completed the above to the best of my knowledge and understand that failure to make a full disclosure may place me at undue medical risk. I also understand that I am fully responsible for the financial aspect of my dental treatment.

Signed:

Checked: Date: ☐☐ ☐☐ ☐☐ Guardian's Name:

Smiles Dental Care Pty Ltd ACN: 000 000 000 000
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