ROYAL PARK DENTAL

Welcome to our practice. Please complete the following MEDICAL HISTORY form.

(Please Circle)
(Mr/Mrs/Ms/Miss/Other_____) First Name: _____ Surname: _____

Address: _____

Suburb: _____ P/code: _____ Date Of Birth: _____/_____/_____

Phone (Home): _____ Mobile: _____Emergency Contact: _____

Email: _____ Occupation: _____

Private Dental Cover: Y/N _____ Name of health fund: _____

PLEASE TICK BOXES IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING.

	Y	N		Y	N
Any Heart Problems	☐_____	☐	Excessive Bleeding	☐_____	☐
AIDS	☐_____	☐	Hepatitis A B C D E	☐_____	☐
Asthma	☐_____	☐	Kidney disease	☐_____	☐
Artificial Joints	☐_____	☐	Liver disease	☐_____	☐
Arthritis	☐_____	☐	Rheumatic Fever	☐_____	☐
Anaemia or other Blood Disorder	☐_____	☐	Sinus Trouble	☐_____	☐
Blood Pressure Low/High	☐_____	☐	Thyroid - Hypo/ Hyper	☐_____	☐
Bone Disease	☐_____	☐	Tumour History	☐_____	☐
Diabetes Type 1 or 2	☐_____	☐	Ulcers	☐_____	☐
Epilepsy	☐_____	☐	Are you pregnant?	☐_____	☐

PLEASE TICK BOXES IF YOU ARE CONCERNED WITH / INTERESTED IN ANY OF THE FOLLOWING:
Ability to eat ☐ Bad breath ☐ Bleeding gums ☐ Clenching/grinding ☐ Crooked teeth ☐ Discolouration ☐
Old bridges, crowns, dentures ☐ Gaps between teeth ☐ Missing teeth ☐ Silver fillings ☐ Teeth whitening ☐
Teeth clenching exercise ☐ Your SMILE ☐ Previous dental treatment ☐ _____

Reason for current visit: _____

Any other relevant conditions: _____

Any current medication(s): _____

Are you allergic to any of these? Penicillin ☐ Latex ☐ Others ☐ _____

Do you smoke? Y/N If yes the how many in a day/week/month: _____

How long was your last visit to the dentist? _____ Have you had any X-rays in last 2 years? Y / N

How did you find about our practice?
Our website ☐ Our Facebook Page ☐ Walk by/ Drive by ☐ Signage board ☐
Friend/ Relative (Please Name) _____ Other_____

I agree to be responsible for payment of all the treatments at the time of the service.
Please give **24 HOURS** notice for changes to your appointment. ***A FEE WILL BE CHARGED FOR NON-ATTENDANCE***

Signature: _____ **Date**: ____/____/____

PAYMENT & CO-PAYMENT ARE DUE AT TIME OF SERVICE
WE ACCEPT ALL CREDIT CARDS, PERSONAL CHEQUES, EFTPOS AND CASH