New Patient Health History Form

STRICTLY CONFIDENTIAL

chatswood dentalcare

Please complete this form so we can provide you with safe dental treatment of the highest standard.

Please tick ☑ all applicable boxes below.

☐ **Mr** ☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐ **Dr** **First name** _____ **Family name** _____

Address: _____

_____ **Suburb** _____ **Postcode**

Phone: H _____ **W** _____ **Mob** _____ **Date of Birth** ____/____/____

Occupation _____ **Email** _____

How did you learn about us? ☐ Internet ☐ Signage ☐ Family/friends ☐ Yellow Pages ☐ Other _____

(Please let us know the name of your friend or family member so that we can say "thank you") _____

Preferred method of contact for appointment reminders: ☐ Email ☐ Phone ☐ Mail ☐ SMS

MEDICAL HISTORY

Doctor's name _____ **Phone no.** _____

Current medical treatments _____

Current medication e.g. Warfarin, Fosamax, Aspirin, HRT _____

_____

Allergies e.g. Penicillin _____

HAVE YOU SUFFERED ANY OF THE FOLLOWING? Please provide details

Heart complaint: ☐ Angina ☐ Heart attack ☐ Arrhythmia ☐ Valve defects ☐ Pacemaker ☐ Other _____

_____

Arterial disease: ☐ High/Low blood pressure ☐ Stroke ☐ Other _____

Blood disease: ☐ Anaemia ☐ Excessive bleeding ☐ Other _____

☐ **Rheumatic fever** ☐ **Tuberculosis** ☐ **Hepatitis A, B or C** ☐ **Diabetes** ☐ **Auto-immune diseases** ☐ **HIV**

☐ **Asthma/Sinus** ☐ **Epilepsy** ☐ **Excessive bleeding** ☐ **Artificial prosthesis** ☐ **Other** _____

Are you pregnant? ☐ Yes ☐ No Weeks _____

Have you had radiation therapy? ☐ Yes ☐ No **Have you had any other serious illness or surgery?** ☐ Yes ☐ No

Treatment / illness details _____

_____

DENTAL HISTORY

How long since your last dental examination? _____

Do you have any concerns regarding your dental health? _____

_____

Have you had any previous problems associated with dental treatment? _____

_____

☐ **I understand that payment is due at the time of service unless other arrangements have been made.**

Signed _____ **Date** _____/_____/_____

Chatswood Dental Care, Mezzanine Level/Gallery Arcade, Shop 11, 445 Victoria Ave, Chatswood NSW 2067

(02) 9412 2295 **info@chatswooddentalcare.com.au** **www.chatswooddentalcare.com.au**