

The Port Dental Care Medical/Dental History Form

It is important to know details about your medical history as these could affect the success of oral health care. The information you provide is confidential and will be handled in accordance with our privacy policy, which is on display at the reception desk.

Last name:		Title (eg. Mr/Mrs/Ms/Miss/Mst):	
First name(s):		Date of Birth:	
Address: Suburb:			Postcode:
Phone (hm)	(wk):	(mob):	
Email Address:			
Contact in case of emergency:			Phone:

Health Fund (if any).....Membership Number.....Ref Number....
 Where did you hear about us? (please tick) Yellow Pages () Internet () Family/Friend ()
 Health fund () Other ()

Medical History

Please tick

	Yes	No	Details
Are you being treated by a doctor at present?			
Are you taking any tablets or medicine (prescribed or over the counter) at present?			
Have you had any abnormal reactions to local or general anaesthesia?			
Do you smoke?			If so, how many?
Are you pregnant?			
Who is your medical practitioner?			Phone:
Please list any drugs or medicines you are allergic to:			
Please list any other known allergies (including latex):			

Please turn page and complete other side.

DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS?					
Please tick the appropriate box (es)					
YES			NO		
YES			NO		
Steroid therapy			Kidney disease		
Rheumatic fever			Excessive bleeding		
Epilepsy			Heart complaint		
Asthma			Nervous condition		
Diabetes			Tuberculosis		
Heart valve disorder			Thyroid disease		
Stroke			Heart murmur		
Radiation therapy			High/low blood pressure		
Prosthetic implant eg artificial hip, heart valve			Cardiac Pacemaker		
HIV/AIDS virus			Stomach or digestive condition		
Bronchitis, emphysema or other lung diseases			Hepatitis or other liver diseases		
Transplanted organ or marrow			Anaemia, leukaemia, or other blood diseases		

If you have ticked yes to any of the above, please elaborate:.....

.....

Any other medical condition(s)?.....

Have you had surgery/an operation in the last 12 months?.....

The Port Dental Care requires all accounts to be settled on the day.

Please note private health insurance will not pay the full fee for your treatment. There will be a GAP-payable today. It is your responsibility to contact your fund for eligibility of treatment. If there are any queries with your account it is a matter for you to discuss with your fund.

How will you settle your account today?

Cash Personal cheque Credit card EFTPOS

Declaration

I.....certify that to the best of my knowledge the particulars set out on this form are correct and that I agree to the account settlement conditions.

Signature.....Date.....