SOUTHSIDE
DENTAL OPTIONS

PATIENT HISTORY FORM

(Due to privacy act's all information is kept confidential and no disclosure to other persons)

☐ Dr ☐ Mr ☐ Mrs ☐ Master ☐ Miss ☐ Ms

Date of birth

Surname:	Address:
Given Names:	Suburb: Postcode:
Preferred Name:	Medicare Number:
Home Telephone:	Work Telephone:
Mobile:	Email:

Preferred method of contact/reminder Phone/SMS/Email

Occupation:

Employer:

Address:

How did you find out about us?

☐ Yellow Pages ☐ Insurance Company ☐ Sign ☐ Google ☐ truelocal.com.au
☐ Yellow Online ☐ Leaflet ☐ Newspaper advert ☐ Website
☐ Word of mouth (give details please)

Person responsible for accounts:	SELF/OTHER
If other, Name	Relationship to you?
Address:	Telephone:
Signature of person responsible:	Date:

Do you have Private Dental Insurance? YES/NO

If yes, Fund?

Membership Number ID Number (next to name on card):

MEDICAL HISTORY

Name and address of Medical Practitioner: Telephone:

Are you allergic to any drugs/medicine? Y N If yes, please list

Do you take any drugs/medicines regularly? Y N If yes, please list

To the best of your knowledge, do you have or have ever had: (please circle)

Heart Murmur	Y N	Low blood pressure	Y N	Diabetes	Y N	Kidney Problems	Y N
Heart Disease	Y N	HIV/AIDS	Y N	Hepatitis A, B, C	Y N	Stroke	Y N
Pacemaker	Y N	Prosthetic Heart Valve	Y N	Lung Problem	Y N	Arthritis	Y N
Rheumatic Fever	Y N	Psychiatric treatment	Y N	Cancer	Y N	Anxiety/ Depression	Y N
High blood pressure	Y N	Asthma	Y N	Epilepsy	Y N	Recent/ Pending Surgery	Y N

Other Medical Issue not shown above? Y N If yes, please list

Ladies, are you pregnant? Y N If yes, due date?

Are you a smoker? Y N

Are you happy with the appearance of your teeth? Y N

Do you have bleeding gums? Y N

Do you have pain/sensitivity? Y N

Do you have any loose teeth? Y N

I/we agree that the account is to be settled on the day of treatment unless prior arrangement has been made. On any overdue amount, to pay any collection or legal expenses which have or will be incurred as a result of late payment. Account keeping fees will also apply.

Signature: Date: