MEDICAL HISTORY

Patient Name: ____ DOB:____/____/____

Title First Surname

Address: ____

Home Phone: _________________________ Mobile: ____________________________________

Work Phone: _________________________ Emergency contact: ___________________________

Email: ____ Occupation: _________________________

Health Fund: ___________________________ Card and Ref Number: _________________________

Last dental visit? _____________________ How did you hear about us? _________________________

If you currently have or any history of the following, please tick in space provided.

Blood Pressure - on medication	❒	Arthritis	❒
- High	❒	Asthma	❒
- Low	❒	Auto Immune Disease	❒
Cancer ______________________	❒	Bleeding Disorder	❒
- Chemotherapy	❒	Depression	❒
- Immunosuppressives	❒	Diabetes	❒
- Radiation	❒	Dry sockets	❒
Heart Disease or Condition	❒	Excessive Bleeding	❒
- Cardiac Pacemakers	❒	Epilepsy	❒
- Heart Murmur	❒	Grinding / Clenching Teeth	❒
- Heart Valve Prosthesis	❒	Hayfever	❒
- Implanted Defibrillator	❒	Headaches / Migraines	❒
- Infective Endocarditis	❒	Kidney Disease / Condition	❒
- Rheumatic Fever	❒	Liver Disease	❒
Hepatitis (which type) _____	❒	Osteoporosis	❒
HIV/A.I.D.S.	❒	Sinus	❒
Hip Replacement, Year __________	❒	Sleep Apnoea	❒
Knee Replacement, Year _________	❒	Snoring	❒
Organ Transplant _______________	❒	Thyroid Disorder	❒
Stroke	❒	Smoker - Current ❒ Quit	❒
TIA	❒	- years _______daily avg ______	

Do you have any other medical conditions? ____

Are you on any medications /supplements? (Please list) _________________________________

Do you have any allergies? (Please list) ____

GP / Specialist contact details: ____

Ladies, are you pregnant?________How many weeks?__________Breastfeeding?__________

Would you like to know about any of the following cosmetic procedures?

❒*Braces* ❒*Bleaching* ❒*Crowns* ❒*Implants* ❒*Veneers* ❒*Extreme Makeover Smiles*

I give permission for my photos to be used in social media and/or advertising. ❒ Yes ❒ No

I would like to receive emails from Smilecentre, e.g. Reminders, Dental Updates and Offers ❒ Yes ❒ No

Signature ____ Date ___/___/___