Update
Medical and dental history

thedentalpractice

Date:

Patient details

In order for us to maintain up to date records, please provide your contact details below.

Surname: Given name: D.O.B:

Residential address:

Suburb: State: Postcode:

Home phone: Work phone: Mobile:

Email:

Emergency contact: Phone: Relation:

Private health insurer: Member #: Patient #:

GP name: GP phone:

GP address:

Medical history

Have there been any changes to the following? If so, please tick the appropriate boxes.

- ☐ Abnormal/excessive bleeding
- ☐ Angina
- ☐ Artificial heart valve
- ☐ Asthma
- ☐ Blood disorder (name below)
- ☐ Blood pressure (high/low)
- ☐ Blood thinner
- ☐ Bone disease (e.g. Osteoporosis)
  - ☐ Current or past
  - Bisphosphonate therapy
- ☐ Cancer
- ☐ Cardiac surgery/pacemaker
- ☐ Congenital heart defect
- ☐ Diabetes type 1/type 2
- ☐ Epilepsy
- ☐ Heart disease
- ☐ Heart murmur
- ☐ Hepatitis A/B/C/D
- ☐ HIV positive
- ☐ Immune deficiency
- ☐ Kidney/liver disease
- ☐ Neurological disorder
- ☐ Oral ulceration
- ☐ Prosthetic joints
- ☐ Psychiatric care
- ☐ Radiation/chemotherapy
- ☐ Reflux
- ☐ Rheumatic fever
- ☐ Steroid therapy
- ☐ Stroke
- ☐ Thyroid disorder
- ☐ Other condition (name below)

Are you pregnant? ☐ Yes ☐ No If so, due date?

Any new allergies? If so, please list:

Are you taking medication (including natural supplements)? If so, please list:

Patient/Legal guardian name: Signature: Date:

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