

All Information will be treated with confidentiality



Salutation: (Mr, Mrs, Miss, Ms, Master): _____ Surname: _____

First name: _____ Preferred name: _____

Guardian or parent if under 16 Name: _____

Date of Birth (Day/Month/ Year): _____ Phone: _____

Residential address: _____

Post code: _____

Postal address (if different to residential): _____

Post code _____

Telephone(home): _____ Work: _____ Mobile: _____

Please circle primary phone number

Occupation: _____ Employer: _____

Medicare card number: _____ e-mail: _____

By writing your email, you give us your consent to send you emails.

Health fund: _____ Membership number: _____

Emergency contact: _____ Phone: _____

Certain medical conditions can affect dental condition and vice versa:
(please complete the following form by ticking the 'Yes' box to whatever is applicable to you (leaving blank means that you don't have that condition):

Do you have or ever suffered any of the following:	Yes	Please give further details
1- Rheumatic disease		
2- Heart problems		
3- Diabetes		
4- High/Low blood pressure		
5- Thyroid problems		
6- Stomach problems		
7- Hepatitis or Liver disease		
8- Excessive bleeding		
9- Asthma		
10- Epilepsy or fainting attacks		
11- Kidney disease		
12- An artificial joint (when was it placed)?		
13- Any other serious illness		
In the past two years did you have any operations or been hospitalized		
In the past two years did you receive steroids therapy?		
Do you have any allergies? (to medication, substances, or Latex)		

List all medication that you take on regular basis in this space: _____

Do you carry a medical warning or medication card? _____

Are you pregnant? _____

Are you HIV positive? _____

Do you smoke? (how many cigarettes a day?) _____

How did you find out about us? Please circle one, and fill out if needed:	1- Street sign	2-Health fund	3-yellow pages <i>Hard copy</i>	4-White pages <i>hard copy</i>	5-Local Directories <i>hard copy</i>
	6-Word of mouth: (by)	7-Internet: yellow pages	white pages	google	Local directories

8-Other: _____

Date: _____ Signature: _____