Medical History Questionnaire

Welcome to Ballina Coast Dental. In order to provide you with complete quality care we need to know about your state of health and medical history. All information provided will be treated in strictest confidence, but if you are more comfortable discussing personal matters with the dentist, then please do. Thank you.

Title: Dr/ Mr/ Mrs/ Miss/ Ms/ Master Surname_____

First Name _____ Date of Birth _____ Health Fund _____

Home Address _____

Postal Address _____

Phone (H) _____ (W) _____ (M) _____

GP_____ Email _____

Employer _____ Occupation_____

Emergency Contact Name/Phone _____

Confirm your future appointments by ☐ Phone ☐ SMS

How did you find out about our practice? _____

PAST / CURRENT MEDICAL CONDITIONS
Please tick ☑

- ☐ Osteoporosis
- ☐ Prosthetic joints or Heart valves
- ☐ Blood pressure HIGH LOW (please circle)
- ☐ Heart trouble
- ☐ Rheumatic Fever
- ☐ Hepatitis A B C (please circle)
- ☐ HIV
- ☐ Tuberculosis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Jaundice
- ☐ Asthma *(bring puffer to appointments)*
- ☐ Anaemia
- ☐ Arthritis
- ☐ Other: _____

CURRENT MEDICATIONS – please list
(Prescription, over the counter, herbal)

_____

_____

_____

_____

_____

_____

_____

_____

ALLERGIES – please list

(If you have an EpiPen please bring it to your appts)

_____

_____

(Women) Are you pregnant now? ☐ YES ☐ NO

DENTAL INFORMATION – please tick those that apply	**YES**	**NO**
Do you have a specific problem that you would like to discuss?	☐	☐
Would you like us to discuss how to whiten your teeth?	☐	☐
Do you have teeth that are sensitive to hot or cold?	☐	☐
Do you have pain in the jaw joints or suffer from headaches or migraines?	☐	☐
Do you have bleeding gums?	☐	☐
Do you have difficulty chewing?	☐	☐
Are you concerned with the appearance of your teeth?	☐	☐

Please notify us at least 24 hours in advance if you need to cancel your appointment. Failure to do so may incur a fee.
Payment of fees is to be made at the time of treatment. Please circle how you will be attending to your account today.

CASH CHEQUE EFTPOS VETERAN AFFAIRS

Signature _____ Date _____