



painless[®] dental

* for many people

Medical-Dental History

PERSONAL DETAILS

Date.....

Title (Dr/Mr/Mrs/Ms/Miss/Other.....) Surname

First name..... Middle name

Date of birth/...../.....

Address

Suburb Postcode

Home telephone Mobile

Email

Patient/ Guardian's Drivers Licence No. Expiry date

Department of Veterans' Affairs No. Expiry date

Private Health Fund: Number.....

Guardians name (if patient is under 18):

EMPLOYMENT DETAILS

Company name

Address

Suburb Postcode

Work telephone Work mobile

PREFERRED CONTACT (from 1- 6 please number the best way to contact you)

Home telephone Mobile

Work telephone Email

Work mobile SMS

I would like to receive recalls via email I would like to receive appointment confirmations via email

.Can Painless Dental "add you as a friend" on Facebook?

MEDICAL HISTORY

Do you suffer any allergies? Yes No

If yes, please state

Are you currently taking medication? Yes No

If yes, please state:

<i>Drug</i>	<i>Strength</i>	<i>Frequency</i>
.....
.....
.....
.....

How many standard drinks do you consume in a week:

Beer/week Wine/week Spirits/week None

Please circle 'yes' or 'no' to the following:

Been hospitalised at any stage.	Yes	No	Had previous operations	Yes	No
Suffer any allergies	Yes	No	Have rheumatic fever	Yes	No
Irregular blood pressure	Yes	No	Have asthma	Yes	No
Have prolonged bleeding when cut	Yes	No	Liver trouble	Yes	No
Suffer from serious illness	Yes	No	Currently pregnant	Yes	No
Smoke (amount per day)	Yes	No	Have had an accident involving the face	Yes	No
High risk of AIDS	Yes	No	Regular alcohol	Yes	No
Problem with any injection	Yes	No	Problem with previous dental treatment	Yes	No
Do you have epilepsy	Yes	No	Have you had a stroke	Yes	No
Do you have hepatitis	Yes	No	Do you have diabetes? If so which type.	Yes	No
Do you have a heart murmur or any other related condition with your heart?			Yes	No	

If you have circled yes to any of the above please provide details: (If you are unsure of the above please consult with the dentist)

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DENTAL HISTORY

How long since you last saw a dentist?

When did you last have oral x-rays? 6-12 months 12 + months

How often do you:

Brush your teeth: Twice daily Once daily Other

Floss: Twice daily Once daily Other

Rinse with mouth wash: Twice daily Once daily Other

HOW DID YOU HEAR ABOUT US?

Referral friend/family (Name of person who referred you)

Yellow Pages Local Directory Yellow Pages Perth Directory Yellow Pages Online

Armadale Examiner The Local Link Brides Guide

Our Website Internet search Other.....

Dental Practice..... Facebook

Any comments on how we can serve you better will be greatly appreciated:

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I, the undersigned, agree to be responsible for payment of all the services rendered on my behalf or my dependants. I understand that **payment is due at the time of service.** I agree to pay all legal and collection charges incurred by Dr A Shah if I default in paying my dental account by the arranged due date. Accounts which are not paid on the date of consult will be issued with a seven (7) day account. If this account is not paid within the specified time, interest will be applied at 14% per annum or an administration fee specified by Painless Dental. All costs related to collection of outstanding accounts by a third party, including legal or debt collection costs, will be passed on to the debtor.

I confirm that the information provided is true and correct at the time of signing.

Signature

Date