Dental CONNECT
www.dentalconnect.net.au
Telephone: 9211 2388

NEW PATIENT MEDICAL HISTORY FORM

Office use only OASIS # _____

Mr/Mrs/Miss/Ms Surname: _____ **First name:** _____

Date of Birth: _____/_____/_____Private Health Insurance Company: _____

Address: _____

Suburb: _____State:_____ Postcode: _____

Phone (Home)_____ (Work): _____ (Mobile): _____

Email address: _____

Would you like to receive your 6 monthly check up & clean reminder via: ○ Mail or ○ Email

Have you had any of the following? *(Please tick for yes)*

- O Rheumatic Fever
- O Radiation therapy / Chemotherapy
- O Hepatitis A/B/C
- O HIV / AIDS
- O Bone disease
- O Heart disorder
- O Asthma / Lung Condition
- O Bleeding disorder
- O Epilepsy / Faint episode
- O High / Low blood pressure
- O Diabetes
- O Liver / Kidney disease

Have you been treated for any serious illness in the past three (3) months? Circle **YES / NO**

If YES please give details:_____ _____

Are you allergic to any medication? Circle **YES / NO**

If YES please give details:_____ __

Are you on any regular medication? Circle **YES / NO**

If YES please give details:_____

Female only, do you believe you are pregnant? **YES / NO** If YES, how many months? _____

When was your last dental visit? _____

What is your main concern today? _____

Is there anything else that you would like to tell your dentist confidentially? Circle **YES / NO**

How did you find out about us? (Please tick one)

- ○ Shopping Centre
- ○ Yellow Pages
- ○ Local papers
- ○ Promotional flyers
- ○ Health Fund
- ○ Internet/Website
- ○ Doctor
- ○ Family/Friends

If referred by a family member or friend please specify who _____

Note: All information is treated with complete professional confidentiality. Full payment is required on day of appointment. We accept cash, cheque, credit card, EFTPOS. There is a 24 hour notice for cancellation of appointment.

Signed: _____ Date: _____/_____/_____

I certify that the above information is true and correct. I authorise that this data may be reviewed by team members of the dental practice.

"Personalised Solutions for all your dental needs"