Dr Nicholas Jowitt
Dr David Robertson
Dr Scott Park
Dr Megan Thomas
Dr Keith Bond (Locum)

CANBERRA dental care

3/33 Allara St
Canberra
2601
(02) 6248 0161

Medical History Questionnaire

Welcome to Canberra Dental Care. Please complete this form as accurately as possible to assist us in providing the best dental care for you. If you have any questions please do not hesitate to ask one of our staff at reception. All information provided will be treated with complete professional confidentiality.

FULL NAME: (Mr, Mrs, Miss, Ms, Dr) .....

ADDRESS: .....

SUBURB: ..... POSTCODE: ..... DATE OF BIRTH: ..... / ..... / .....

TELEPHONE: (Home) ..... (Work) ..... (Mobile) .....

PERSON RESPONSIBLE FOR YOUR ACCOUNTS: .....

YOUR OCCUPATION: ..... EMPLOYER: .....

REASON FOR YOUR VISIT TODAY? .....
(e.g. tooth ache, check up, scale and clean, appearance of your teeth)

WHO REFERRED YOU TO OUR PRACTICE? .....

Past/current medical conditions

	No	Yes		No	Yes
Anaemia	☐	☐	High Blood Pressure	☐	☐
Arthritis	☐	☐	Intellectually Disabled	☐	☐
Artificial Joints	☐	☐	Irregular Heart Beat	☐	☐
Asthma	☐	☐	Kidney Disorder	☐	☐
Bleeding Disorder	☐	☐	Liver Disorder	☐	☐
Blood Transfusion	☐	☐	Lung Disorder	☐	☐
Cancer	☐	☐	Lupus	☐	☐
Chemotherapy	☐	☐	Pacemaker	☐	☐
Cholesterol	☐	☐	Physically Disabled	☐	☐
Diabetes	☐	☐	Radiotherapy	☐	☐
Endocarditis	☐	☐	Rheumatic Fever	☐	☐
Epilepsy	☐	☐	Smoker	☐	☐
Gastro Intestinal Disorder	☐	☐	Stomach Ulcer	☐	☐
Heart Attack/Angina	☐	☐	Stroke	☐	☐
Heart Bypass	☐	☐	Thyroid Disorder	☐	☐
Heart Murmur	☐	☐	Tuberculosis	☐	☐
Heart Valve Problem	☐	☐	Are you Pregnant?	☐	☐
Others	☐	☐	Specify _____		

Medical practitioner _____ Suburb _____
Last visit _____
Previous dentist _____
Last dental visit _____

Current medication
(Prescription, over the counter, herbal)

Allergies
☐ Nil known
☐ Yes - Details

Infectious history
☐ Nil known
☐ Yes - Details

Recent hospitalisation/surgery
☐ Nil known
☐ Yes - Details

Other relevant details
☐ Nil known
☐ Yes - Details

I agree that the above is a true and accurate record. I understand that Canberra Dental Care requires payment on the day of treatment. Any expenses, costs or disbursements incurred by the Canberra Dental Care in recovering any outstanding monies including debt collection fees and legal costs shall be paid by the responsible party above. I further acknowledge that failure to attend any appointment without notice may also result in a deposit requirement prior to future appointments being scheduled.

SIGNATURE: ..... DATE: ..... / ..... / .....