

HONEYSUCKLE DENTAL



... the sweet experience

Name

Mr/Mrs/Miss	First Name	Middle Name(s)	SURNAME	Birth Date
Home Address		Home phone		
		Postcode	Work Phone	
Mailing Address		Mobile phone		
<i>(if different)</i>		Post code	Email address	
Occupation		Alternate Contact		
Smoker?		Yes / No	<i>(e.g Next of kin)</i>	

Please tick if applicable:

<input type="checkbox"/>	I was referred by a patient (name).....		
<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	Newspaper Advertisement
<input type="checkbox"/>	Passing By	<input type="checkbox"/>	Other (please state).....

Name of Health Fund (if applicable)

MEDICAL & DENTAL HISTORY

- Are you taking any regular medication or undergoing current medical treatment at present? Yes / No
Details:
- Have you had any ALLERGIES or unusual effects from any tablets, drugs, injections or anaesthetic? Yes / No
Details:.....
- Have you ever had any of the following? If so, please tick as appropriate.

<input type="checkbox"/>	Prosthetic Heart Valve replacement	<input type="checkbox"/>	Parkinsons	<input type="checkbox"/>	HIV
<input type="checkbox"/>	Prosthetic joint replacement	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis - Specify type A, B, C
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Aneamia
<input type="checkbox"/>	Cancer radiation therapy	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	Eplilepsy
<input type="checkbox"/>	Bleeding problems	<input type="checkbox"/>	Cold Sores	<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	Bronchitis or chest problems	<input type="checkbox"/>	Tuberculosis		
- Heart Condition? Yes/ No Details:
- Recent Hospitalization or Treatments? Details:
- Women, are you pregnant? Yes/ No If so, how many months:

FEES & PAYMENTS

- An estimate for your treatment will be given on request prior to treatment commencement.
- Accounts are not issued and payment in full is required at the end of each session.

RESCHEDULING OF APPOINTMENTS

- All appointments made are considered confirmed. Please give 24 hours notice if you are unable to attend
- Failure to attend an appointment without notice will incur a fee.

Signed:..... Date:.....
(patient/ parent or guardian if under 16 years of age)