

# PATIENT HISTORY FORM

Private & Confidential

Welcome to Dental on Cue.

So we can ensure we are looking after your needs, please review & complete the following:

**Surname:** ..... **Mr. Mrs. Miss. Ms. Dr.**  
**Given Name/s:** .....  
**Date of Birth :** .....  
**Postal Address:** .....  
 ..... **P/Code:** .....  
**Email:** .....  
**Private Phone:** ..... **Mobile:** .....  
**Business Phone:** .....  
**Are you a Veterans Affairs Cardholder?** .....  
**How did you hear about our practice? (Please circle)**

Internet/Google                      Word of Mouth. Who?.....  
 Other:.....

**What were you hoping to get out of today's appointment?**.....  
 .....

**Have you ever had any of the following?**

	<b>NO</b>	<b>YES</b>		<b>NO</b>	<b>YES</b>
Rheumatic Fever	.....	.....	Hepatitis	.....	.....
Epilepsy	.....	.....	High Blood Pressure	.....	.....
Asthma	.....	.....	Heart Ailment	.....	.....
Tuberculosis	.....	.....	AIDS/HIV	.....	.....
Diabetes	.....	.....	Excessive Bleeding	.....	.....
Kidney Disease	.....	.....	Osteoporosis	.....	.....
Paget's Disease	.....	.....	Other bone conditions	.....	.....

List any other previous illnesses.....

**Do you have an artificial hip, heart valve or other prosthetic plant?**.....

**Are you presently under medical care or taking any medicines or tablets?**

In particular Actonel, Aredia, Pamisol, Zometa, Bonafos, Bonevia, Skelid, Alendronate, Dridronel or Fosomax

**Female patients, are you pregnant?** .....

**List any medicines or products you are allergic to (eg: penicillin, latex)**.....

**Please circle if you are interested in knowing your options regarding the following treatments:**

Whitening                      Invisalign                      Smile Makeover                      Botox/TMJ Botox

Please tick yes/no	Yes	No
Do you feel rested when you wake in the morning?		
Have you been told you snore?		
Do you suffer from regular headaches?		
Does your jaw "click" or hurt?		
Have you ever had orthodontic treatment?		
Do you wear a dental night guard?		
Do your teeth ever hurt when you bite hard?		
Have you ever had your bite adjusted?		
Do you bite your lips or cheeks often?		
Do you smoke?		
Do you think you have occasional bad breath?		
Do your gums ever bleed when you clean your teeth?		
Have you ever had specialist periodontal (gum) treatment?		

How long has it been since your last dental appointment?.....  
 How often do you have dental examinations? .....  
 When were your last dental x-rays taken? .....  
 Is there anything else you would like us to know? .....  
 .....  
 Name of medical doctor: .....  
 Address:.....P/Code.....  
 Phone.....

**Consent for Treatment**

1. I hereby authorise the dentist or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by the dentist to make a thorough diagnosis.
2. Upon such diagnosis, I authorise the dentist to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anaesthetics and other medication as necessary. I fully understand that using anaesthetic agents embodies certain risks. I understand I can ask for a complete recital of any possible complications.
4. I agree to be responsible for payment of all services rendered on my behalf and on behalf of my dependants. I understand that payment is due at the time of service unless other arrangements have been made. In the event where my overdue account is referred to a collection agency and/or law firm, I will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

*Please note:* Unfortunately we do not accept American Express, Diners Club or Direct Bank Deposit as forms of payment. We apologise for any inconvenience this may cause. All MasterCard and Visa cards, EFTPOS, Cash & Cheques are accepted.

We have a 48 hour cancellation policy via phone only. Failing to provide adequate cancellation notice on more than one occasion will result in a \$100 deposit for the subsequent booking.

On behalf of our team at Dental on Cue we thank-you for your assistance.

Signed.....

Parent/Guardian (if applicable)..... Date.....