Welcome to Burwood Diamond Dental

The following information will assist us to provide you with the highest standard of care.
This information will be handled confidentially. Please refer to our Privacy Policy for further information.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Master ☐ Dr ☐ Other ☐ _____

First Name: _____ Last Name: _____

Date of Birth: / / Occupation: _____

Home Address: Suburb: _____ State: P/Code: _____

Tel (mobile): _____ Tel (home/work): _____

Email Address: _____ Preferred contact method for reminders: SMS ☐ Email ☐

Private h/fund name: _____ Veterans Affairs no: _____

Emergency contact: Name: _____ Tel: _____

Medical History

Please tick Yes or No as to whether you currently have, or have ever had the following:

	Yes	No		Yes	No
Anaemia / Blood Disorder			Heart Attack / Murmur*		
Asthma			Hepatitis A / B / C *		
Artificial Joints / Heart Valves			High / Low Blood Pressure* _____		
Bisphosphonate Therapy			HIV		
Bone Disease			Mental Health condition*		
Cancer past / present* _____			Pacemaker / Angina / Cardiac Surgery / Bypass		
Cholesterol - High / Low (circle)			Rheumatic Fever		
Diabetes: Type 1 or 2*			Thyroid Disorder		
Epilepsy or Seizures			Snoring/Sleep apnoea * _____		
Do you Smoke?			Are you Pregnant? (Due date)		
Have you recently stayed in hospital?					
Other Medical Conditions?*					
Current Medications? (includes natural meds)					

**please specify*

Allergies
Milk Protein ☐ Latex ☐ Penicillin ☐ Aspirin ☐ Codeine ☐ Sulphur ☐ NONE ☐ OR Other* ☐ _____

please specify

Family Doctor: Name: Tel: _____

Dental History

	Yes	No		Yes	No
Previous anaesthetic problems / reactions			Do you need antibiotic cover before dental work?		
Have you had prolonged bleeding following a tooth extraction?			Have you had a past traumatic dental experience?		
Do you currently have any dental problems you would like us to check? _____					

How did you hear about us?

- ☐ Instagram
- ☐ Facebook / Social media
- ☐ Flyer in the post
- ☐ GP / professional referral
- ☐ Online Search (Eg. Google)
- ☐ Saw an online advert
- ☐ Passing by the building
- ☐ Recommended by a friend/family
- ☐ Other

Patient / Guardian signature: Date: / / ____