GOODNA DENTAL

3/23 Queen Street Goodna Qld4300 Phone: 07 3381 9992 Fax: 07 3818 6662

CONFIDENTIAL MEDICAL/DENTAL HISTORY FORM

It is important to know details about your medical history as these could affect the success of oral health care (dental treatment).

The information you provide is confidential.

FIRST NAME(S):								TITLE (EG N	TITLE (EG MR/MRS/MS):			
LAST NAME:								DATE OF BI	RTH: /	/		
HOME ADDRESS:								Рн (номе):	:			
								MOBILE:				
EMAIL:								Work:	WORK:			
HEALTH FUND: ☐ NO	□ YES	S. PLE	ASE SPECI	FY:								
MEDICARE#					Ref#			EXPIRY:				
CONTACT IN CASE OF EMERGENCY:								Рн:				
MEDICAL PRACTITIONER:								Рн:				
ADDRESS:								FAX:				
				NO	YES				,	NO	YES	
DO YOU NORMALLY REQUIRE ANTIBIOTIC						Do	YOU S	MOKE?				
COVER BEFORE DENTA	L TREA	TMEN	Т?									
HAVE YOU ANY ABNOR	RMAL R	EACT	ONS TO			AR	E YOU	PREGNANT OR BREA	AST			
LOCAL OR GENERAL AN	NAESTH	iesia?	1			FEI	EDING?	(FEMALES ONLY)				
PLEASE LIST ANY TABI	LETS O	R MED	OICINES (F	PRESCRI	BED OR	OVER	R THE C	OUNTER) YOU ARE	TAKING AT	PRESE	NT?	
PLEASE LIST ANY DRUG	GS OR N	MEDIC	INES YOU	ARE AL I	LERGIC	TO:						
Di El GE LIGE ANNO OFFI	TD IZMO	3373.T.A.T	LEDGIEG	N (DIGITI	DDIG LA	mew).						
PLEASE LIST ANY OTHE	ER KNO	WN AI	LLERGIES	(INCLUI	DING LA	IEX):	•					
DO YOU HAVE,	OR H	AVE Y		R HAD, lease ticl				LOWING MEDICA	L CONDIT	IONS?	•	
			(1	iease uci	k approj	mau	e nox(es	o)				
	NO	YES				NO	YES			NO	YES	
Steroid Therapy	NO	YES	Kidney I	Disease		NO	YES	Prosthetic implant		NO	YES	
	NO	YES				NO	YES	eg artificial hip		NO	YES	
Rheumatic Fever	NO	YES	Excessiv	e Bleedin	ng	NO	YES	eg artificial hip Cardiac pacemaker	vo condition	NO	YES	
Rheumatic Fever Epilepsy	NO	YES	Excessive Heart con	e Bleedir mplaint		NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv		NO	YES	
Rheumatic Fever Epilepsy Asthma	NO	YES	Excessive Heart con Nervous	e Bleedir mplaint conditior		NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv Hepatitis or other li	ver disease	NO	YES	
Rheumatic Fever Epilepsy Asthma Diabetes	NO	YES	Excessive Heart con Nervous Tubercul	e Bleedir mplaint conditior osis		NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv Hepatitis or other liv Contact with HIV/A	ver disease	NO	YES	
Rheumatic Fever Epilepsy Asthma Diabetes Heart valve disorder	NO	YES	Excessive Heart con Nervous Tubercul Thyroid	e Bleedir mplaint condition osis disease	n	NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv Hepatitis or other liv Contact with HIV/A Stroke	ver disease AIDS virus		YES	
Rheumatic Fever Epilepsy Asthma Diabetes Heart valve disorder Anaemia, leukaemia or	NO	YES	Excessive Heart con Nervous Tubercul Thyroid of High or I	e Bleedir mplaint condition osis disease	n	NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv Hepatitis or other li Contact with HIV/A Stroke Bronchitis, emphyse	ver disease AIDS virus		YES	
Rheumatic Fever Epilepsy Asthma Diabetes Heart valve disorder Anaemia, leukaemia or other blood diseases	NO	YES	Excessive Heart con Nervous Tubercul Thyroid of High or 1 pressure	e Bleedin mplaint condition osis disease ow blood	n	NO	YES	eg artificial hip Cardiac pacemaker Stomach or digestiv Hepatitis or other li Contact with HIV/A Stroke Bronchitis, emphyse lung diseases	ver disease AIDS virus ema or other		YES	
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