Health Questionnaire

Special Care Dental

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Dr/ Mr/ Mrs/ Ms/ Miss/ Mast

Surname:	Given Name:
Date of birth:	Occupation:
Address:	
	Postcode:
Phone Home:	Mobile:
Email:	
Person responsible for account (if other than above):	
Health Insurance Fund Name:	
Member Number:	Member prefix number on card:
Department of veteran affairs Gold card number:	
Name of person to contact in case of an emergency:	
Relationship to patient:	Phone number:
GP's Name:	Phone number:
Whom may we thank for referring you to us?	

Please circle the correct answers to all questions below:
Do you have, or have you ever had, any of the following conditions?

- Y/ N High blood pressure
- Y/ N Rheumatic fever
- Y/ N Hepatitis A/ B / C (please circle)
- Y/ N Bleeding or blood disorders
- Y/ N Asthma
- Y/ N Diabetes Type 1 or 2 (please circle)
- Y/ N Epilepsy
- Y/ N HIV / AIDS (please circle)
- Y/ N Women: are you pregnant?
- Y/ N Are you allergic to Penicillin?
- Y/ N Are you a smoker?
- Y/ N Are you currently taking any medicine or tablets?
  If yes, **please specify**:
  ____
  ____
  ____
- Y/ N Do you suffer from any other illness, disabilities or medical condition?
  If yes, **please specify:**
  ____
  ____
  ____
- Y/ N Are you or have you ever taken bisphosphonates, bone density medication?
  If yes, **please specify:**
  ____
  ____
- Y/ N Heart trouble of any kind?
  If yes, **please specify:**
  ____
  ____
- Y/ N Have you been to hospital or had any medical treatment in the past 12 months? If yes, **please specify:**
  ____
  ____
- Y/ N Do you have any other allergies?
  If yes, **please specify:**
  ____
  ____
- Y/ N Have you ever had any adverse reaction to previous dental treatment?
  If yes, **please specify:**
  ____
  ____

Please note that the dentist and staff have an ethical obligation to keep this information secret and guarantee confidentiality.

I agree to pay all costs related to recovery of overdue accounts, including debt collection, solicitor and legal fees. We may charge a cancellation fee if appointments are broken without 24 hours notice.

Signature: Date: