THE GAP DENTAL PRACTICE

It is *important* to know details about your *medical history* as these could affect the success of your dental treatment and how we can provide this treatment *safely* for you. The information you provide is confidential and will be handled in accordance with our privacy policy.

Andrea Smith B.Sc. B. Dent
Mark Brumpton B.D.Sc.
Peter V Treacy B.D.Sc.
Danielle Mein B.D.Sc. (Hons)
Mihaela Petrou B.D.Sc.
Chin-Hang (Rose) Kong B.Sc.D.M.D.
Nickie Hew B.Oral H GDip Dent
Stephen Tang B.Sc.D.M.D.

Miss/Ms/Mrs/Mr/Dr.....
Surname *Given Name (s)*

Address.....

Phone: (Hm) ..... (Wk)..... (Mb) .....

Email.....

To Confirm Dental Appointments, what is your preferred contact number? (Please Tick):

(Hm) ☐ (Wk) ☐ (Mb) ☐ or (SMS) ☐

Date of Birth ..... Occupation: .....

Name & Number of Emergency Contact Person: .....

Name & Address of GP.....

Are you in a Private Health Fund for Dental ☐ Y ☐ N If YES please specify: .....

Do You Suffer From:	**YES**	**NO**
Any Serious Illness or <u>Recent Surgery</u>	☐	☐
(Please Specify)		
.....		
.....Y.....		N
High Blood Pressure	☐	☐
Low Blood Pressure	☐	☐
Rheumatic Fever	☐	☐
Heart Disease	☐	☐
Kidney Disease	☐	☐
Hepatitis	☐	☐
Diabetes	☐	☐
Thyroid Problems	☐	☐
Epilepsy	☐	☐
Tuberculosis	☐	☐
Asthma	☐	☐
Stomach Ulcers	☐	☐
Bleeding Tendency	☐	☐
Anaemia	☐	☐
Osteoporosis	☐	☐
Bone Disease (Please Specify)	☐	☐
Are you a smoker?	☐	☐

Are you in the 'AT RISK' category for **HIV/AIDS**?

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Have you **EVER** taken in the past or are you **CURRENTLY** taking any medication for **Osteoporosis** or **Bone Cancer**, if so what is the name?

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Do you have a **Prosthetic Implant**? (e.g. Artificial Hip) Please Specify:

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Please list **Current Medications** you are taking and **<u>WHAT</u>** they are for:

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Are you **Allergic** to any Medicines, Drugs, or Tablets? Or do you have any other Allergies? If YES, please specify:

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If female, are you **Pregnant** at present? If YES how many weeks? .....

How did you hear about us? Flyer……Word of mouth…….Internet…..Facebook/Instagram……..

PAYMENT IS REQUIRED ON THE COMPLETION OF EACH APPOINTMENT

DATE ..... SIGNED.....

www.gapdental.com.au *The Gap Dental Practice*