ADELAIDE DENTAL CENTRE | PERSONAL DENTAL CARE

Dr. Michael Le BDS (Adel)
Dr. Welyn Gordo BDS (ADC)

Title: Miss, Mr, Mrs, Ms, Dr, Professor, Other:……..**Surname**……..……..……..……

First Name……..……**Middle Name(s)**…….**Preferred Name**…….……

Home Address……**Postcode**…….……..

Contacts (H)……. **(W)** …… **(M)** ……..…….. **D.O.B** …..…/……/……..…..…

Email Address ……..……..

General Practitioner (G.P.) ……..……...… **Dental Fund** ……...……

Specialist (e.g. cardiologist)……...……..

New Patients: How did you find our practice? (please circle) Family/friend Health fund Google Signs Other…….

Last visit to a Dentist…… **Are you dentally anxious?** Yes/No, If yes **reason**…….

Medical History	**Yes**	**No**	**Please specify details (i.e. condition, medication)**
Heart Conditions (Surgery, Murmur, Coronary, Valve Replacement, Rheumatic Fever, Pacemaker, Defibrillator)	☐	☐	…….
High or Low Pressure Blood Pressure, Stroke, Heart Attack	☐	☐	…….
Blood Thinners (e.g. Warfarin, Heparin, Aspirin)	☐	☐	…….
Lung Conditions (Tuberculosis, Asthma, Bronchitis)	☐	☐	…….
Anaemia, Blood Disorders	☐	☐	…….
Any Recent Surgery? (Hip, Knee, Joint Replacement, etc…)	☐	☐	…….
Viral Infections (e.g. Hepatitis A, B, C, HIV)	☐	☐	…….
Diabetes (Type 1, Type 2, Pre-Diabetes, Gestational or Pregnancy)	☐	☐	…….
Epilepsy	☐	☐	…….
Steroid Therapy (e.g. Cortisone)	☐	☐	…….
Radiation Therapy or Chemotherapy	☐	☐	…….
If female, pregnancy or recent childbirth? Breastfeeding?	☐	☐	…….
Do you have any allergies? (e.g. penicillin, codeine)	☐	☐	…….
Smoker or ex-smoker (how many per day?)	☐	☐	…….
Are you happy with the shade of your teeth?	☐	☐	…….

Any other medical conditions not previously mentioned?……..……

……..

Are you currently taking any medications not already mentioned including vitamins, supplements, herbal, natural, antibiotics or pain relief?……...

……...

Accounts & Dental Rebates. We will provide item numbers for operative procedures performed for claiming from your dental fund. Individual procedures attract (or do not attract) rebates which vary from fund to fund depending on the economic policy of the particular fund you have chosen and does not reflect the procedure's clinical importance, its degree of difficulty or complexity or the time taken for it to be carried out.

Patient Signature……..Date……...

This information will be treated with complete professional confidentiality. If you require access to this information, it will be supplied. We appreciate your feedback so we can continually improve our standards of patient care.

Adelaide Dental Centre
Level 4, 68 Grenfell Street
Adelaide, SA, 5000
Phone: (08) 8223 1639
Fax: (08) 8215 0284
Email: smile@adelaidedentalcentre.com.au

Personal Dental Care
501 North East Road
Hillcrest, SA, 5086
Phone: (08) 8261 3665
Fax: (08) 8261 1006
Email: smile@personaldentalcare.com.au