



*Our aim is simple: to provide you with the best quality care.*

**As part of our commitment to provide you with the best possible care & service, we aim to update your medical history regularly. Please take a few moments of your time to complete this update.**

Title (Mst/Miss/Mr/Ms): \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_ Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ Parents Email: \_\_\_\_\_

How did you hear about our practice? (Internet, Facebook, Patient?) \_\_\_\_\_

*(If you were referred to us by an existing patient please provide their name so we can thank them personally ☺)*

Do you have Private Health Insurance? YES / NO Health Fund Name \_\_\_\_\_

**Medical History**

Are you currently taking any medications? If yes, please list name/dosage

\_\_\_\_\_

Are you allergic to anything? Anaesthetic/Penicillin/Antibiotics/Other? \_\_\_\_\_

Do you have any of the following conditions:? **Please Circle** if you have the condition

High blood pressure

Aids or HIV infection

Hepatitis

Heart/ Kidney/Liver Disease

Cardiac Pacemaker

Heart Murmur

Stroke

Diabetes

Tuberculosis

Asthma

Cancer

Hip/Knee Replacement

**Cancellation/Broken Appointment Policy**

Here at 818 Dental we require **48 hour notice** for changes to any appointments. This allows the practice time to fill the cancelled time slot and sufficient notice to offer other patients the opportunity to come in for an appointment. Broken appointments without 48hour notice will incur a \$50 broken appointment fee.

**Payment is required the day of your appointment**

**Patient Consent**

I certify that I have read, understood and agree to the Practice policies and procedure as outlined. To the best of my knowledge, the questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_