

## Optional Information

How did you hear about us? \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_  
 What was the reason for today's visit? \_\_\_\_\_  
 Do you love your smile? \_\_\_\_\_ Is there anything you would like to change? \_\_\_\_\_  
 When was your last dental checkup? \_\_\_\_\_  
 When did you last have x-rays to check your teeth \_\_\_\_\_  
 Why did you leave your last dentist? \_\_\_\_\_ What did you like most about your last dentist? \_\_\_\_\_

## Medical History and Information Please Tick if applies

### Conditions

- Abnormal Bleeding
- Alcohol Abuse
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Heart Valve
- Asthma
- Blood Transfusion
- Cancer
- Chemotherapy
- Colitis
- Congenital Heart Defect
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Facial Surgery
- Fainting Spells
- Fever Blisters
- Frequent Headaches
- Glaucoma
- HIV+ Aids
- Heart Attack

- Heart Murmur
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- Hepatitis C
- High Blood Pressure
- Joint Replacement
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Sexually Transmitted Disease
- Shingles
- Sickle Cell Disease
- Sinus Problems
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers

### Allergies

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Latex
- Metals
- Penicillin
- Sulfa
- Tetracycline

Other \_\_\_\_\_

Y N

Do you Smoke  
or use Tobacco?

### If Female

Y N

Are you taking Birth  
Control Pills?

Are you pregnant?  
If yes, # of weeks \_\_\_\_\_

Are you nursing?

Please list any medications  
you are currently taking:

\_\_\_\_\_

\_\_\_\_\_

Are you taking any blood thinning medication such as Warfarin, Coumadin? Y N

## Treatment Authorisation Form

I authorise and give consent to perform dental services agreed between doctor and patient and/or parent or guardian to be necessary or advisable including the use of local anaesthesia and other medication as indicated. I certify to the above statements regarding my medical condition. Payment for all treatment and services rendered are my responsibility.

Cancellation policy: Missed an appointment? A \$90 overhead fee applies per half hour for missed appointments to be paid prior to rebooking. Therefore we appreciate it if patients ring to cancel as soon as possible so no cancellation fee applies.

PATIENTS SIGNATURE

PATIENT'S NAME

DATE

**Thankyou and welcome to our practice!** **Penshurst Dental 64 Penshurst St. Penshurst NSW**

