



4 Hardey Road Glen Forrest WA 6071
 Tel: 9298 8187 Fax: 9298 9661
 Email: info@glenforrestdental.com.au
 Website: www.glenforrestdental.com.au

Name: _____ Preferred Name: _____ Sex: M / F

Postal Address: _____ Date of Birth: _____

Mobile: _____

Email : _____ Home Phone: _____

What is your occupation? _____ Work Phone: _____

Person responsible for your account? _____ Sign: _____

Do you have health insurance for Dental? **NO / YES**, fund name & number: _____

Who is your medical Doctor? _____ Phone: _____

Emergency contact? _____ Relationship: _____ Phone: _____

Do you have injections for dental treatment? ALWAYS NEVER SOMETIMES ASK ME FIRST

Have you ever had a problem with injections? **YES / NO** Details: _____

Local Anaesthesia may cause nerve damage, if it happens, is usually temporary, and will get better over a period of weeks to months. Damage may cause weakness and/or numbness of the body part that the nerve goes to. Permanent nerve damage rarely happens. Other side effects are: bruising, infection, needle breaks, failure of anaesthesia, seizures and cardiac arrest.

Are you taking any medications? **YES / NO** Details: _____

Medical History	Never	Past	Present	Details
Had a bad reaction to medication				
Allergies/Hypersensitivities (latex)				
Suffer from asthma				
Blood pressure – high				
Blood pressure – low				
Blood/bleeding disorder				
Heart conditions/problems				
Pacemaker/Prosthetic heart valves				
Rheumatic fever				
Prosthetic implants (hips/knees)				
Have diabetes				
Epilepsy				
Gastric acid reflux				
Osteoporosis				
HIV or hepatitis				
Do you smoke				
Are you deaf				
Do you have any special needs				
Other conditions				
Females - Are you pregnant	Yes	No	Unsure	

ALL INFORMATION IS CONFIDENTIAL

Sign: _____ Date: _____

Has any of your contact details, address, medication or medical history changed in the last 6 months? **YES / NO**
If yes, please state below:

Sign: _____ Date: _____

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Date: _____