

PATIENT DETAILS- PART A

Patient name: _____
(First Name) (Middle Names) (Surname)

Date of Birth: ____/____/____ School (if applicable): _____

Postal Address: _____ Phone: () _____
_____ Mobile: () _____

Email Address: _____

CONFIDENTIAL PATIENT HEALTH QUESTIONNAIRE

Note: Please circle Yes or No

Are you receiving any medical treatment at the present time? Yes / No
Are you pregnant? Yes / No
Have you ever had any of the following?

Rheumatic Fever	Yes / No	Epilepsy	Yes / No
Heart Trouble	Yes / No	Anaemia	Yes / No
High Blood Pressure	Yes / No	Diabetes	Yes / No
Asthma	Yes / No	Bronchitis or Chest Problems	Yes / No
Hepatitis	Yes / No	HIV Positive or AIDS	Yes / No

Are you taking any tablets, medicines or drugs? Yes / No If Yes, please name: _____

Have you any allergies including medications that you are aware of? _____

Have you ever experienced excessive bleeding or bruising from dental treatment, cuts or scratches? Yes / No
Have you ever been in contact with the AIDS virus or Hepatitis virus? Yes / No
Have you ever had a reaction to an anaesthetic? Yes / No
Are there any aspects concerning your health that you think your Orthodontist should know about? _____

CLIENT ACCOUNT DETAILS- PART B

ACCOUNT HOLDERS NAME (Must be over the age of 18 years)

Mr/Mrs/Miss/Ms _____
(First Name) (Middle Names) (Surname)

Date of Birth: ____/____/____ Relationship to Patient: _____

Physical Address: _____ Home Phone: () _____
_____ Work Phone: () _____
_____ Mobile Phone () _____

Postal Address: _____ Other family members treated: _____
(If different from above) _____

Occupation: _____ Employer: _____

Name of Family Doctor: _____ Name of Family Dentist: _____

I give permission to contact the above Doctor if necessary: **Yes / No**
I give permission for the use of photographs and other records for research, education or publication in professional journals: **Yes / No**
I acknowledge that if payment is not made within 21 days of the due date there will be a late fee of \$7.00 applied each month. You reserve the right to charge interest on overdue accounts including collection costs if you are forced to use a debt collection service.

Signature: _____ Date: _____