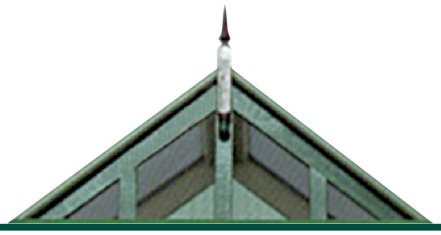

R. G. HINDLE DENTAL SURGERY

In order for this dental practice to provide the highest standard of care, it is requested you fill in this form carefully and thoroughly.

Personal details:

Surname:		Title: Mr/ Mrs/ Ms/ Miss /Dr /Master
Given name:	Preferred name:	Date Of Birth:
Address:		Postcode:
Email address:		
Telephone:	Mobile:	Business:
Postal address (if different to above):		
Name of person responsible for fees:		
Address (if different to above):		
Private Health Fund: YES/NO Name of fund:		
Veteran affairs card holder: YES/NO Card number:		
Emergency contact:		Relationship:
Address:		Contact number:
Medical Doctor:		
Address and phone:		
Who recommended you to this practice? How did you find us?		

Medical History

Please indicate if you have ever had any of the following	Y	N		Y	N
High blood pressure			Diabetes		
Heart problems, defects or a pacemaker			Thyroid problems		
Rheumatic fever			Excessive bleeding or blood disorder		
Asthma, Chest or breathing problems			Epilepsy		
Tuberculosis			Hepatitis (Hep B, Hep C etc.)		
Stomach or bowel problems (e.g. ulcer)			AIDS/ HIV		
Kidney disease			Cancer		
Anxiety or depression			Creutzfeldt- Jakob disease		
List any other previous illnesses:					
Would you like to discuss these questions in private with the dentist?					
Do you have an artificial valve, hip or other prosthetic implant?					
Are you presently under medical care?					

Dr Robert Hindle B.D.Sc (Melb.) L.D.S · **Dr Penelope Bishop** B.D.S (Otago) · **Robert G. Hindle Pty Ltd** ABN 82 006 672 519

469 High Street Kew Victoria 3101
Phone 03 9853 5563 Fax 03 9853 9391
reception@rhdental.com.au

R. G. HINDLE DENTAL SURGERY

In order for this dental practice to provide the highest standard of care, it is requested you fill in this form carefully and thoroughly.

	Y	N
Are you taking any drugs, medicines or tablets? (Please list)		
Do you have allergies?		
List any medicines or products you are allergic to (e.g. Penicillin, latex):		
Female patients, are you pregnant?		

Signed : Date:

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