Welcome to Apex Dental Clinic

The following information will enable us to provide you with the highest standard of treatment. This information will be handled confidentially. Please refer to our "Privacy Policy" for further information.

Apex Dental Clinic
prompt gentle care
2A Montasell Ave, Deer Park
Phone: 8348 5500

Personal Details

Mr Mrs Ms Surname _____ Given Name: _____ Date of Birth _____

Address _____ Suburb _____ Postcode _____

Phone Number _____ Mobile _____

Emergency Contact Name _____ and Phone _____

Private Health Fund Name _____ Vet. Affairs Card Holder? Y ☐ N ☐

Medical History

	Y	N		Y	N
Asthma	☐	☐	Rheumatic Fever	☐	☐
High Blood Pressure	☐	☐	Heart Attacks / Murmur	☐	☐
Pacemaker / Cardiac Surgery	☐	☐	Smoking	☐	☐
Thyroid Disorder	☐	☐	Ulcer / Hiatus Hernia	☐	☐
Epilepsy	☐	☐	Abnormal Bleeding	☐	☐
Arthritis	☐	☐	Anemia	☐	☐
Diabetes	☐	☐	Nervous Disorders	☐	☐
Artificial Valves / Prostheses	☐	☐	Pregnant (due date)	☐	☐
Previous Anesthetic Problems	☐	☐	HIV / AIDS Positive	☐	☐
Hepatitis A ☐ B ☐ C ☐	☐	☐	Contraceptive Pill	☐	☐
Bone Disease	☐	☐	Bisphosphonate Medication	☐	☐
Are You on Medication? (please list)	☐	☐	Other Medical Conditions (please list)	☐	☐

_____ _____

Allergies

Please Tick Appropriate None ☐ Penicillin ☐ Aspirin ☐ Iodine ☐ Sulpha ☐ Other

_____

Dental History

Date of your last dental visit _____ Date of your last dental x-ray _____

Reason of last dental visit _____

Do you have any concerns about previous dental care or this dental visit? Y ☐ N ☐

Do your gums bleed? Y ☐ N ☐ Are your teeth loose? Y ☐ N ☐

Been told having gum diseases? Do you have bad breath? Y ☐ N ☐

Are your teeth sensitive to sweet ☐ hot ☐ cold ☐ pressure ☐ Y ☐ N ☐

Have you had any joint problem? pain ☐ clicking ☐ popping ☐ Y ☐ N ☐

Are you happy with your smile? Y ☐ N ☐ Want to change current condition? Y ☐ N ☐

This Practice Requires Full Payment at the Time of Treatment
Please Note We DO NOT Accept Private Cheque Payment, AMEX or DINERS

Please Indicate How you Will be Paying? C/Card ☐ Cash ☐ EFTPOS ☐

Signature _____ Date _____