

WELCOME TO SMILE POINT DENTAL

MR/MRS/MS/DR/MISS/MST: _____
(Given Names) (Surname)

PREFERRED NAME: _____ BIRTH DATE: _____ AGE _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

POSTAL ADDRESS: _____

PHONE: (Home): _____ (Work): _____ (Mobile): _____
(Please circle preferred contact number)

EMAIL ADDRESS: _____

HEALTHFUND: _____ MEMBER NUMBER: _____

CONCESSIONS: _____ NUMBER: _____ EXP: _____

PERSON/S RESPONSIBLE FOR ACCOUNT: _____

EMPLOYER NAME AND ADDRESS: _____

EMERGENCY CONTACT: _____ CONTACT NUMBER: _____

REFERRED BY: MESSENGER () YELLOW PAGES () PASSING () INTERNET ()
MEDICAL CENTER () FAMILY/FRIEND - PLEASE SPECIFY: _____

MEDICAL HISTORY

Current Medical Practitioner: _____ Specialist: _____

Please **CIRCLE** where relevant:

RHEUMATIC FEVER	HIV/AIDS	WOMEN - ARE YOU PREGNANT YES/NO
HEPATITIS/LIVER DISEASE	DIABETES	BLEEDING DISORDER
HEART TROUBLE/DISEASE	ARTHRITIS	BREATHING DIFFICULTIES
ASTHMA	EPILEPSY	MALIGNANCIES
HIGH BLOOD PRESSURE TB (Tuberculosis)	CANCER THERAPY	

OTHER/S PLEASE SPECIFY: _____

Do you have any **ALLERGIES?** (Give details): _____

Please list **CURRENT MEDICATIONS:** _____

When was your **last DENTAL VISIT?** _____

Are you happy with your SMILE? _____

What is the purpose of your dental visit today? _____

Settlement of accounts are expected on day of treatment. Smile Point is not responsible for Health Fund rebates with any dental treatment. I am aware that failure to arrive to my appointment or cancelling my appointment within 24 hours will incur a fee. I will be responsible for any unsettled accounts forwarded to your Debt Collector –

Plus administrative fees which is 50% of the debt amount with the possibility of further legal action.

Please tick box if you **DO NOT** want a text message or email to be sent to you for appointment reminder.

PATIENT OR GUARDIAN SIGNATURE: _____ DATE: _____