



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

PREFERRED NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

POSTAL ADDRESS: _____ EMAIL: _____

PHONE: (Home): _____ (Work): _____ (Mobile): _____

HEALTH FUND: _____ MEMBER SINCE: _____

MEMBER NUMBER: _____

HAVE YOU CHANGED OR UPGRADED YOUR HEALTH FUND RECENTLY?

NO/YES-WHEN: _____

CONCESSIONS: _____ NUMBER: _____ EXP: _____

PERSON/S RESPONSIBLE FOR ACCOUNT: _____

EMPLOYER NAME AND ADDRESS: _____

NEXT OF KIN: _____ CONTACT NUMBER: _____

HOW DID YOU HEAR ABOUT US? YELLOW PAGES () PASSING () FAMILY/FRIEND () HEALTH FUND ()
WEBSITE () FACEBOOK () GOOGLE () - 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 | HEART CONDITION (PLEASE SPECIFY) |
| BLEEDING DISORDER | ARTHRITIS | BREATHING DIFFICULTIES |
| ASTHMA | EPILEPSY | MALIGNANCIES |
| HIGH BLOOD PRESSURE | TB (Tuberculosis) | CANCER THERAPY LATEX ALLERGY |

OTHER/S PLEASE SPECIFY: _____

BEHAVIOURAL DISORDER – PLEASE SPECIFY: _____

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

Do you require an EPI PEN for the management of your Allergies? _____

Please list CURRENT MEDICATIONS: _____

When was your last DENTAL VISIT? _____

Are you happy with your SMILE? _____

What is the PURPOSE of this dental visit? _____

Settlement of accounts are expected on day of treatment. Smiles@Aldgate 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 an \$80 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.

PATIENT OR GUARDIAN SIGNATURE: _____ DATE: _____