

Patient Information



Mr Mrs Ms Miss

First Name: _____

Surname: _____

Address: _____

Town: _____ Post Code: _____

Date of Birth: / /

Home Phone: _____ Work Phone: _____

Mobile No.: _____

Email: _____

Emergency Contact: _____

How would you like to be contacted? SMS Email Phone call

Would you like an SMS or Email reminder? SMS Email No reminder

Occupation: _____ (Optional)

Are you in a private health fund for dental? Yes No

Are you on any type of pension? Yes No

Do you have a Gold Card through the Department of Veterans Affairs? Yes No

DVA Number: _____

How old are your current Dentures? _____

Are you happy with the appearance? _____

What changes are you hoping for? _____

Who is your local dentist? _____

How did you hear of Kingdom Denture Clinic? _____

(ie, friend, family, word of mouth, yellow pages)

Patient Information (Cont.)



Do you have any of the following?

- Diabetes Yes No
- Hepatitis A Yes No
- Hepatitis B Yes No
- Hepatitis C Yes No
- HIV Aids Yes No
- Or any other infectious diseases? Yes No

MEDICAL PROBLEM

1. Rheumatic Fever / Murmur Yes No
2. Heart Valve Damage Yes No
3. Heart Attack / Angina Yes No
4. Heart Surgery / Pacemaker Yes No
5. High Blood Pressure Yes No
6. Stroke Yes No
7. Epilepsy Yes No
8. Thyroid Disorder Yes No
9. Asthma / Hay Fever Yes No
10. Lung Disorder Yes No
11. Kidney / Liver Disorder Yes No
12. Physical / Mental Disability Yes No
13. Radiotherapy / Chemotherapy Yes No
14. Excessive Bleeding Yes No
15. Pregnancy Yes No
16. Smoker Yes No
17. Do you suffer from dry mouth? Yes No
18. Oral Herpes Yes No
19. Active TB Yes No

ALLERGIES

1. Nil known
2. Penicillin
3. Aspirin
4. Sulphur
5. Latex
6. Other _____

MEDICATIONS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Your Doctor's Name here:

Recent Hospitalization / Operations:

Details / Comments for other medical conditions:

I agree that the above is a correct record (to be signed by Patient/Parent/Guardian).

Name: _____ Signature: _____ Date: / /

All client information is taken in strictest confidence for our own internal use and is never passed to third parties.