



Meadowbrook Dental Synergy

All information disclosed is confidential and our privacy policy is available on our website at
<http://www.meadowbrookdentalsynergy.com.au/privacy-policy>

Title:	First Name:	Last Name:	
Preferred Name:		DOB:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Address:			
Suburb:		State:	Postcode:
Mobile:			
Email:			
Are you in a Private Health fund: Yes <input type="checkbox"/> No <input type="checkbox"/>		DVA Number (if applicable):	
Emergency Contact Name:			Phone Number:

	Yes	No	Details
Do you take any <u>prescription medications</u> , vitamins, or supplements?			
Do you smoke?			
Are you pregnant? (<i>Women only</i>)			

	Yes	No		Yes	No
Heart Conditions			Stomach Conditions		
Heart Valve Disorder (<i>e.g., murmur, artificial valves</i>)			Anaemia		
High or Low Blood Pressure			Blood Diseases		
Lung Disease or Asthma			Thyroid Diseases		
Liver Disease or Hepatitis			Diabetes		
Kidney Disease			Cancer of any kind		
Bone Disease (<i>e.g., osteoporosis</i>)			Epilepsy		
Nervous or psychiatric conditions (<i>e.g., ASD, ADD, anxiety, bipolar etc</i>)			Prosthetic or artificial implants (<i>i.e., hip replacement, shunt etc</i>)		
Any Allergic Reactions? (<i>i.e.: Latex, drugs or medications</i>)					
Any other Conditions?					

Patient Signature:		Date	
Dentist Signature:		Date	