MEDICAL HISTORY FORM

File No:

Last Name: Mr / Mrs / Ms / Miss

First Name: Preferred Name:

Postal Address: Suburb Postcode

Phone : (Home) Work: Mobile:

Date of Birth: Emergency Contact: Ph.:

Email:

Dental Health Fund - Yes / No – Fund Hospital Yes / No Membership No: ID No:

Medicare Number: ID No:

I have confidential information that I do not wish to write down. I would prefer to speak to the dentist about this (please tick this box) ☐

	Yes	No	Detail
Are you being treated by a doctor?			
Are you taking any tablets or medicines at present? (Prescribed or over the counter)			
Do you normally require antibiotic cover before treatment?			
Have you had any abnormal reaction to local or general anaesthesia?			
Do you smoke?			
Are you pregnant (females only)			

Who is your medical practitioner? Phone No:

Are you ALLERGIC to any DRUGS or MEDICINES : Y / N (Please list)

Do you have any other known allergies (including latex): Y / N (Please list)

DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING MEDICAL CONDITIONS? (Please tick appropriate boxes)

	Yes	No		Yes	No		Yes	No
Anaemia, leukaemia, or other blood diseases			Heart Complaint / Heart Murmur			Radiation Therapy		
Asthma			Heart Valve Disorder			Rheumatic Fever		
Bronchitis, Emphysema or other lung diseases			Hepatitis or other liver diseases			Steroid Therapy		
Cardiac Pacemaker			High Blood Pressure			Stomach or digestive condition		
Contact with HIV /AIDS virus			Kidney Disease			Stroke		
Diabetes			Low Blood Pressure			Thyroid disease		
Epilepsy			Nervous Condition			Transplanted organ or marrow		
Excessive Bleeding			Prosthetic implant e.g. artificial hip			Tuberculosis		

Bisphosphonates – Bone Diseases

Do you have any Bone Diseases? YES ☐ NO ☐

The conditions which may be treated with bisphosphonates include:

- **Osteoporosis**
- **Cancer with spread (ie breast, prostrate, liver and kidney)**
- **Multiple Myeloma**
- **Paget's Disease**
- **Other Bone Conditions**

Are you taking any Bisphosphonate medications? YES ☐ NO ☐

Tablet ☐ ..... Injection ☐ .....

Commonly prescribed Bisphosphonates are:

- *Nitrogen-containing Bisphosphonates*

Osteoporosis - **Fosamax** (Alendromate)
Actonel (Ridedronate)
Cancer Therapy - **Pamidronate, Aredia** (Disodium Pamidronate)
Zometa, Zoledronate (Zoledronic acid)

- *Non-nitrogen- containing Bisphosphonates*

Osteoporosis - (Etdronate)
Cancer Therapy - **Bonefos, Loron** (Sodium Clodronate)
Paget's Disease - **Skelid** (tiludronate)

Do you have any special needs? (Please list)

Please list any problems that you have with your teeth or mouth:

I have read and accept the privacy policy on the reverse of this form,

Your Signature: Date: / /

Office use only Initial
Entered ☐
Scanned ☐

It is important to know details about your medical history as these could affect the success of oral health care (dental treatment)
The information you provide is confidential and will be handled in accordance with our privacy policy which is shown on the reverse of this form