

Dentists:
Dr Philip Leith
Dr Janice March
Dr Jaslyn Patrick

Hygienists:
Trish Parry & Kate Phillips

Email: office@braesidedental.com.au
Website: www.braesidedental.com.au



BRAESIDE
DENTAL SURGERY

Braeside Dental Surgery
52 York Street, Launceston
TAS 7250, Australia

Contact:
Phone +61 (03) 6334 0788
FAX +61 (03) 6334 0645
After Hours 0419 524 315
or 0408 132 830

PERSONAL DETAILS

MR MRS MISS MS OTHER: _____

Full Name		Date of Birth	Phone Number
Address		Post Code	Mobile: Home: Work:
GP's Name & Location		Private Health Fund Name & Membership Number	
Employer / Business Name	Person Responsible for Account	Email	
Identification (e.g. Drivers License, Passport etc.)	Emergency Contact (Name, number and relationship)	How Did you Find Out About Us?	

MEDICAL HISTORY

Have you ever had:

YES NO

- Bisphosphonates drugs for cancer or osteoporosis
- Excess bleeding
- Exposure to HIV / AIDS, Hepatitis B or C
- Epilepsy or neurological disorder
- Heart surgery or heart disease
(e.g.. By-pass, valve replacement, pacemaker)
- Liver / kidney disease

YES NO

- Smoker
- Diabetes
- Asthma
- Cancer / Radiotherapy
- High or low blood pressure
- Joint replacement
- Rheumatic fever
- Any serious illness

List any drugs or medications you are taking and their reasons:

List any allergies e.g. Medicines, antibiotics, latex etc.

Are you breast feeding?

YES NO

If pregnant please state your due date

I have accurately completed this pre-clinical questionnaire to the best of my knowledge. I hereby give authority for any treatment agreed upon by me, to be carried out by the dentists and their staff, and accept full financial responsibility for said treatment. We prefer payments on the day of service. I agree to pay any collection and legal costs incurred by you in the recovery of this account.

Patient signature or on behalf of a minor

Date

--	--

This practice autoclaves all hand pieces and instruments after each patient for the protection of patients and staff. Thank you!