Smiles @ Aldgate

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 ( )

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 per half hour time slot.

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.

Please tick the box ☐ if you **do not** want text message or email to be sent to you for appointment reminder.

PATIENT OR GUARDIAN **SIGNATURE**: _____ DATE:_____