

Welcome to our practice.

Thank you for your visit.
All information provided will be treated in the strictest confidence.



Your Details:

Title	
First & Second Names	
Last Name	
Date of Birth	/ /
Street Address	
Suburb	
Post Code	
Telephone - Mobile	
Telephone - Work	
Telephone - Home	
Email Address	
Person responsible for Fees	Yourself or other:
What music do you like to listen to? We'll offer to play this during treatment.	
What is your occupation?	
How did you find our practice? (Please name any friends, referrers or internet search words)	

Medical History:

Next of kin name and contact details? For emergencies.			
Your Doctor's name / contact details?			
Name of Private Health Cover? (If any)			
Have you had any of the following? (Please circle)			
Rheumatic Fever	Diabetes	Hepatitis (Any)	HIV
High Blood Pressure	Epilepsy	Kidney Disease	Heart Ailments
Drug Allergies	Asthma	Excessive Bleeding	
Any serious illnesses or allergies?			
Are you receiving medical attention or taking any medications (please list)?			
Ladies, are you pregnant?			
Purpose of today's visit? Expectations?			
Your Signature			
Date	/	/	