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**& Associates**

## Patient Information

Surname: \_\_\_\_\_

☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of your medical practitioner: \_\_\_\_\_

Where did you learn about this practice?

☐ Doctor ☐ Location ☐ Family

☐ Internet ☐ Yellow Pages ☐ Friend

Are you a member of a health fund for dental work?

Yes No  
☐ ☐

## Medical History

Are you short of breath when lying down?

Yes No  
☐ ☐

Do you have any allergies ?

☐ ☐

*If so please list:* \_\_\_\_\_

Have you been a patient in Hospital recently?

☐ ☐

*If so please list:* \_\_\_\_\_

Have you consulted your doctor about any illness?

☐ ☐

*If so what was it for:* \_\_\_\_\_

Have you ever had bleeding that required treatment?

☐ ☐

Could you possibly be pregnant?

☐ ☐

Could you be a potential carrier for HIV/Hepatitis?

☐ ☐

Do you have a heart murmur?

☐ ☐

Are you having or have had treatment for osteoporosis (ie infusion/injection of bisphosphonates eg. Fosamax, Actonel) in the last 10 years?

☐ ☐

**Please turn over for further information**

**Do you have or have you ever had:**

Anti-coagulant eg: Eliquis, Warfarin

Cancer

*If so please detail:*\_\_\_\_\_

Chemotherapy

Chest pains

Diabetes

☐ Type 1      ☐ Type 2

Dura mater / corneal graft

High blood pressure

Human Growth Hormone

Joint Replacement

*If so when and which joint(s):*\_\_\_\_\_

Kidney Disease

Liver Disease

Mental health treatment

*If so please detail:*\_\_\_\_\_

Yes No

☐ ☐

Pacemaker / Defibrillator

☐ ☐

Palpitations

Prosthetic cardiac valve

☐ ☐

Radiotherapy

☐ ☐

Respiratory condition

☐ ☐

Rheumatic fever

Stroke

☐ ☐

Tuberculosis

☐ ☐

Please list any medications you are taking:\_\_\_\_\_

☐ ☐

☐ ☐

Have you ever been diagnosed with sleep apnoea? ☐ ☐

Do you experience regular significant headaches? ☐ ☐

Are you hearing impaired? ☐ ☐

Do you wear a Cochlear Implant? ☐ ☐

Do you wear an insulin pump or CGM? ☐ ☐