Daniel Lu Pty Ltd. trading as Dentist On Queen ABN:87 073 861 248
97 Queen Street, St Mary's, NSW 2760
Ph: 02 9623 1261 E: info@dentistonqueen.com.au

First Name: Mr, Master,Mrs,Miss,Ms	Surname:
Address:	D.O.B:
Suburb:	Postcode:
Mobile:	Home:
Email:	Occupation:
Emergency Contact: Relationship:	Contact Number:
GP Name:	Contact Number:
How did you find us? Google/Signage/Internet /BUPA /**Friends/Family: Name (so we can thank them)**	
Private Health Fund? YES or No- Which one?	Health Fund patient ID e.g. 00, 01, 02

MEDICAL HISTORY

Are you allergic to any that are listed below: YES or NO *if yes please circle them* and list any others that are not below.

Local Anesthetics Antibiotics Penicillin Latex Sulfa Drugs Sedatives or Sleeping pills

Aspirin Codeine Iodine Adrenalin Narcotics

Other: .....

PLEASE READ THE FOLLOWING LIST AND TICK THE CORRECT ANSWER

	YES	NO		YES	NO
CARDIAC PACEMAKER			EPILEPSY		
CARDIAC DEFIBRILLATOR			RADIOTHERAPY OR CHEMOTHERAPY		
HEART MURMUR			DIALYSIS		
HIGH BLOOD PRESSURE			LIVER DISEASE		
LOW BLOOD PRESSURE			HEPATITIS A, B OR C *(Please Circle if yes)*		
HIGH CHOLESTEROL			HIV / AIDS *(Please Circle if yes)*		
STROKE			TUBERCULOSIS		
EXCESSIVE BLEEDING PROBLEMS			ARTHRITIS		
SLEEP APNEA			RHEUMATIC FEVER		
ASTHMA			OSTEOPOROSIS		
DIABETES*(If yes Circle type 1 or 2)*			SUFFER HEADACHES or JAW PAIN		
If female, ARE YOU PREGNANT			If yes, how many weeks		
DO or HAVE YOU EVER SMOKED			If yes how many a day?		
DO YOU DRINK ALCOHOL REGULARLY			If yes how many standard drinks a day?		

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

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☐ I certify that the above information is true and correct. I have read and understood the attached **TERMS AND CONDITIONS** which form part of and are intended to be read in conjunction with this Patient Information Form and agree to be bound by those Terms and Conditions. I authorise the use of my personal information as details in the Privacy Act clause therein.

☐ **Guarantee:** If I execute this agreement as the person responsible for payment on behalf of the Patient (Guardian), I guarantee the due and punctual payment of all monies under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until all of the monies owing to Daniel Lu Pty Ltd. trading as Dentist On Queen by the Patient and all obligation herein have been fully paid, satisfied and performed.

☐ **I hereby also consent the use of my records including dental and medical records, X-rays, Models, and Photographs among other healthcare professionals for the purpose of improving dental treatment and Education**

Name of Patient **(PLEASE PRINT)**	Signature:	Date:
Name of Patient/ Guardian **(PLEASE PRINT)**	Signature:	Date:
Daniel Lu Pty Ltd. trading as Dentist On Queen Representative:	Name:	Date: