Toowong
orthodontics

Updated Medical History Form

PATIENT'S NAME ____
(Family Name) (First Name)

DATE OF BIRTH ______________________ **AGE:** ______________________

ADDRESS ______________________________ **PHONE** (H) ______________

______________________________ (W) ______________

______________ **POSTCODE** __________ (M)______________

E-MAIL ADDRESS:____

GENERAL DENTIST: ____

Are you currently under the care of a medical practitioner **or** taking any medication?

If yes, please outline:____

Please **tick** if you have currently or have had any of the following:

MEDICAL

- ☐ A heart disorder
- ☐ Bleeding disorder
- ☐ Diabetes
- ☐ Asthma
- ☐ Rheumatic Fever
- ☐ AIDS or related disease
- ☐ Hepatitis
- ☐ Females, are you pregnant?
- ☐ NLA (Natural Latex Allergy)
- ☐ Sentitivity to Latex/Rubber Products

Any other illness or disability or allergy ?______________________________

DENTAL

- ☐ Fluoride treatment.
- ☐ Breathe predominantly through the mouth
- ☐ Treatment for any gum disease

If yes, is it under control? ☐ Yes ☐ No

Have any permanent teeth:-

- ☐ Been extracted ? ☐ Had root treatment
- ☐ Been injured or chipped ?

SIGNATURE: ______________________________ DATE: ______________________

We make every effort to ensure the **privacy** of your details. Please ask Reception if you wish to read our Privacy Policy.

T (07) 3870 0922 **F** (07) 3870 2839 **E** info@toowongorthodontics.com.au
A Level 2, Toowong Terraces, 31 Sherwood Rd, Toowong, QLD 4066
ABN 77 846 742 419
toowongorthodontics.com.au

care to smile