Dr. Clive Fisher (B.D.S. Wits)

Welcome to the practice. We are concerned about your health. For our confidential records please answer all the following questions (1-19) as accurately as possible.

1.Surname:	*12*.Occupation:
Family members: *2*.Title: **1** Name:**1**. **2** **2**. **3** **3**. **4** **4**.	*13*. Name & address of person responsible for fees: Suburb: Post Code:
3.Preferred Name:	
4.Date of Birth: **1**. **2**. **3**. **4**.	*14*.Postal Address if different to home: Suburb: Post Code:
5.Home Address: Suburb: Post Code:	*15*. Emergency Contact Name: Telephone/Mobile:
6.Home Tel: *7*.Work Tel:	*16*. Would you like your check up reminder by: >
8.Mobile: *9*.Fax: Which is the best contact number **6 7 8**	SMS E-mail Phone Post
10.E-mail:	
11.Which Health Fund are you a member of ? **Please present your card at the end of each visit to make direct claims.**	*17*.How did you find / who referred you to THIS PRACTICE?

Medical History

18. **Please indicate with a CIRCLE around YES or NO for the following questions.**

Rheumatic Fever	**NO**	**YES**	Diabetes	**NO**	**YES**
Epilepsy	**NO**	**YES**	Kidney Disease	**NO**	**YES**
Asthma	**NO**	**YES**	Excessive Bleeding	**NO**	**YES**
Heart Problems	**NO**	**YES**	High Blood Pressure	**NO**	**YES**
Hepatitis A B C	**NO**	**YES**	AIDS/HIV	**NO**	**YES**
Ladies: Are You Pregnant?	**NO**	**YES**	Do You Smoke?	**NO**	**YES**

19.

- Are you allergic to any drugs, medicines or other materials, like latex? **NO** **YES**
- If **YES** please list____
- Are you currently taking any medicines/tablets or under medical care? **NO** **YES**
- If **YES** Please give details____
- Do you have a heart murmur, artificial heart valve or prosthetic implant? **NO** **YES**
- If **YES** please list____
- Have you ever been a patient in hospital for facial or dental treatment? **NO** **YES**
- If **YES** please give details____
- Name of regular Doctor____________________________________ Tel__________
- Address____
- Have you ever had any problems with dental treatment? eg difficult extraction **NO** **YES**
- If **YES** please give details____

I have completed this questionnaire to the best of my knowledge and read and understood the Privacy Policy at the back of the folder.

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Signature____ Date________________

If you need to discuss anything with staff please feel free to do so.