

Dental –Medical History Form



Please complete all sections to the best of your knowledge.

PATIENT DETAILS				
Family Name				
Given Names				
Date of Birth		/ /		
Home Address (Street, Suburb, Postcode)				
Name of person completing form if acting as legal guardian				
Contact Details				
OFFICE USE ONLY		MMEEx –Patient Details Uploaded		Yes/No
		Health Care Card/Pension Card		Yes/No
		details updated including expiry date		Yes/No
Please answer all questions	No	Yes	Unsure	List medications or other details if known
Do you normally require antibiotic cover before dental?				
Have you had any reactions to local or general anaesthesia?				
Do you smoke?				
Are you pregnant? (females only)				
Is Kambu Health your current GP medical clinic?				If no, please provide details:
Are you taking any prescription or other medications at present?				
Have you been hospitalised in the past 12 months?				
Have you or anyone in your household travelled in from overseas in the past 10 days?				
Please list all medications that you are taking that not be known by Kambu Health				
Please list any drugs or medicines that you are allergic to				
Please list any other known allergies that you may have (including latex, foods, etc.)				

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Please complete all sections to the best of your knowledge.

Do you currently have or have you ever had any of the following medical conditions:								
	Yes	No		Yes	No		Yes	No
Any heart disorders			Stroke			Kidney Disease		
High or low blood pressure			Asthma			Diabetes (Type 1 or 2)		
Heart valve disorder e.g murmur			Bronchitis or other lung disease			Stomach or digestive problems		
Rheumatic Fever			Tuberculosis			Epilepsy		
Cardiac Pacemaker			Thyroid Disease			Excessive Bleeding		
Prosthetic or other implants e.g hip replacements			Steroid or Cortisone Therapy			Head and/or Neck Radiation Therapy		
Cancer or Cancer Treatment			Growth Disorder			Contact with HIV/AIDS virus		
Anaemia, leukaemia or other blood disease			Systematic Lupus Erythromatosis (SLE)			Hepatitis A, B or C or other liver diseases		
Osteoporosis, arthritis or any bone disorder								

Is there any other information that you think your dentist should know before your treatment?

Concession Card Holder
(Pensioner Concession Cards, Health Care Cards and Department of Veteran Affairs Concession Cards)

Queensland Health currently provide vouchers for patients to attend participating dental clinics. Voucher amounts vary depending on the Queensland Health Hospital and Health Service (QH HHS) region. Kambu Aboriginal and Torres Strait Islander Corporation for Health and the Institute of Urban Indigenous Health have entered into agreements with Queensland Health to allow faster processing vouchers for eligible clients. As part of this agreement, Kambu Aboriginal and Torres Strait Islander Corporation for Health and UIIH will provide information to QH HHS including your name, contact details and Concession Card details ONLY.

QH Vouchers contribute to the overall cost of the dental service and allows us to continue this service at little or no cost to you. If you DO NOT consent to participating the QH HHS Voucher program please tick the box.

I give consent for the examination and treatment of dental conditions.
(Legal Guardian to sign for patient under 18 years old)

Signature: _____ Date: _____

Legal Guardian Name (Please print) _____