Ozone Dental
HOLISTIC DENTISTRY

Patient History

☐ Miss ☐ Master ☐ Ms ☐ Mrs ☐ Mr ☐ Dr

Surname _____ Given Names _____

Address _____P/C_____

Date of Birth_____Email _____ Occupation_____

 Home _____ Work _____ Mobile _____

Who recommended you to this surgery? _____

Family members who attend this surgery _____

Are you in Dental Benefits? ☐ Yes ☐ No

If YES which fund? _____
Which number are you on the card? (this is the number next to your name) _____

Are accounts to be made out to you?	☐ Yes	☐ No
Preferred appointment confirmation Contact?	☐ SMS	☐ Telephone
Preferred reminder to make appointment for due check-up?	☐ Email	☐ Letter

Medical Details

Name of GP _____  _____

Are you Pregnant? ☐ Yes ☐ No If YES how far? _____

Are you taking any medications? ☐ Yes ☐ No If YES please specify_____
_____

Do you have or have had:	☐ Rheumatic Fever	☐ Heart Trouble	☐ Kidney Disease	☐ Asthma
☐ Bleeding Disorder	☐ Dizziness/Fainting	☐ Tuberculosis	☐ Diabetes	☐ HIV/AIDS
☐ Digestive Disorder	☐ High Blood Pressure	☐ Artificial Joints	☐ Epilepsy	☐ Hepatitis

Are you currently on, or have you ever taken bisphosphonates (usually used for some cancer treatment, osteoporosis and Paget's disease) ☐ Yes ☐ No
If YES how long since your last dose and in what form? _____

Do you suffer from any other medical condition we should be aware of? _____

Do you require antibiotic treatment for dental procedures? ☐ Yes ☐ No

Are you allergic to any substances that you are aware of? ☐ Yes ☐ No
If YES please specify _____

Dental History

How long has it been since you visited a dentist? _____

Have you had dental x-rays taken in the last two years? ☐ Yes ☐ No
Do you prefer the use of local anaesthetic (injection) for treatment? ☐ Yes ☐ No

Is there anything else you feel we should be aware of? _____

Signed_____ Date _____

This information will be treated with complete professional confidentiality. If you require access to this information, it will be supplied. We appreciate your feedback so we can continually improve our standards of patient care.