affinity periodontics
& implant dentistry
97 Union Road Ascot Vale Vic 3032
Tel: 03 9372 8007

Dr Melinda Newnham
BDSc(WA) FRACDS DCD(Perio)FRACDS(Perio) FADI FITI FPFA FICD
Provider No. 214479JT
A.B.N. 65 797 693 302
www.affinityperio.com.au

Confidential Patient Medical History

All information collected remains within the practice and will be held in confidence according to our privacy policy.

Title _____ Surname _____ First Name _____

Preferred Name _____ Date of Birth __ / ____ / ___

Address _____ Suburb _____

Home Phone _____ Mobile _____

Occupation _____ General Dentist _____

Who referred you to this office (if different from general dentist)? _____

Are you happy to receive correspondence by email? **Yes** **No**

Email: _____

Do you have private health insurance with dental cover? **Yes** **No**

If yes: Fund _____ Membership # _____

Medicare # _____ Patient # _____ Valid To _____

Medical Information

Please answer the following questions as accurately as possible so that we may include this information in your diagnosis and treatment plan. If you are unsure, please check the condition to discuss further with your practitioner.

Please check the applicable boxes:

- ☐ High Blood Pressure
- ☐ Heart disease
- ☐ Heart attack / Arrythmia
- ☐ Bleeding Disorders
- ☐ Rheumatic Fever
- ☐ Heart murmur
- ☐ Pace Maker
- ☐ Bypass/ Heart Valve surgery
- ☐ Organ transplant
- ☐ Immune suppression
- ☐ Diabetes Type 1 / 2 /Gestational
- ☐ Kidney Disease
- ☐ Arthritis / Artificial Joint
- ☐ Osteoporosis / Osteopenia
- ☐ Liver Disease / Hepatitis A, B, C
- ☐ Stroke
- ☐ Epilepsy
- ☐ HIV / AIDS
- ☐ Chemotherapy
- ☐ Radiotherapy

affinity periodontics
& implant dentistry
97 Union Road Ascot Vale Vic 3032
Tel: 03 9372 8007

Dr Melinda Newnham
BDSc(WA) FRACDS DCD(Perio)FRACDS(Perio) FADI FITI FPFA FICD
Provider No. 214479JT
A.B.N. 65 797 693 302
www.affinityperio.com.au

Do you have any history of tumours or cancer? **Yes** **No**

What type of cancer? _____

Do you smoke or vape? **Yes** **No** How many per day? _____

Are you pregnant? **Yes** **No** How many weeks? _____

Are you a blood donor? **Yes** **No**

Additional medical information: _____

_____

Medications

It is important to list all medications you are taking. This includes all **oral medications** and **regular injections**. Please list all medications including injections, such as those for osteoporosis (e.g. Aclasta, Zometa, Prolia, Evenity).

_____ _____

_____ _____

_____ _____

Allergies and Adverse Reactions

Please list all known allergies and previous adverse reactions to any medications, including antibiotics, local anaesthetic and latex.

_____ _____

_____ _____

Consent to Treatment

1. I hereby authorize the periodontist or trained staff to take x-rays, photographs or other diagnostic aids deemed appropriate by the periodontist to make a thorough diagnosis. Photographs may be used for teaching purposes.
2. I agree that the above is a true and accurate record. I understand that Affinity Periodontics & Implant Dentistry requires payment on the day of treatment. Any expenses, costs or disbursements incurred by Affinity Periodontics & Implant Dentistry in recovering outstanding monies including debt collection fees and solicitor costs shall be paid by the responsible party above. I further acknowledge that failure to attend any appointment without notice may also require a deposit prior to scheduling any future appointments.

Please Note: The medical history form will be electronically copied to your file and the original will be subsequently destroyed. By signing this document, you agree to this process. This form is a guide only and you should discuss any relevant matters with your periodontist prior to the commencement of any dental treatments.

Signature: _____ Date _____