round corner dental
roy robertson & olivia ignatiou

Welcome to Round Corner Dental. Please take a minute to fill out this form for us so we can make sure you receive complete quality care. Please be assured all the information you provide will be handled with strict confidentiality in accordance with the Privacy Amendment Act 2004 and the Health Records and Information Act 2002. Our staff will assist you with any questions you may have.

Personal Details

Surname:..... First Name:.....

Preferred Name:.....Title: Mrs / Ms / Miss / Master / Mr / Dr / Other.....

DOB:...../...../.....Home Address .....

.....Post Code: .....

Home Phone: .....Email: .....

Work Phone: .....**Health Fund (if any):** .....

Mobile Phone: .....Occupation:.....

Emergency Contact

Name.....Relationship.....Contact No#:.....

How did you hear about us? e.g. walked past, local paper, Google, a friend's referral?

(If someone referred you, please let us know so we can thank them!)

.....

Medical History

Do you have any allergies? E.g. Penicillin, Latex? Please list:.....

.....

Do you have (or have a history of) any of the following?

◉ High/Low Blood Pressure	❍ Osteoporosis	❍ Diabetes
❍ Heart conditions	◉ Joint replacement	❍ Epilepsy
❍ Asthma	◉ Arthritis	◉ HIV/AIDS
❍ Cancer	❍ Kidney/Liver problems	❍ Hepatitis
❍ Chemotherapy/Radiotherapy	❍ Stroke	❍ Other

If you ticked yes to any of the following, please specify relevant details here: .....

.....

Do you take any medications? If yes, please list here: .....

.....

.....

Is there anything else we should know? E.g. If you are pregnant, let us know here.

.....

Signed: _____ **Date:** / /