Ellen St Dental
McCrea Johnson Gangaram

Dr Stephen McCrea
BDS (Syd Uni)
Dental Surgeon

Dr Louise Johnson
BDS Hons (Syd Uni)
Dental Surgeon

Dr Sharmila Gangaram
BDS (WITS)
Dental Surgeon

MEDICAL HISTORY FORM

TITLE | FIRST NAME | LAST NAME

ADDRESS

HOME PHONE | CONTACT PHONE

OCCUPATION | EMAIL

DATE OF BIRTH (DD / MM / YYYY) | HEALTH FUND NAME

WHICH MEDICATIONS / THERAPIES / TABLETS DO YOU REGULARLY TAKE?

WHAT ARE THESE MEDICATIONS FOR?

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS, LATEX, ETC?

WHO IS YOUR REGULAR DOCTOR?

HAVE YOU BEEN IN HOSPITAL IN THE LAST 12 MONTHS? IF SO, WHY?

HAVE YOU EVER BEEN TREATED WITH MEDICATION FOR OSTEOPOROSIS? | DO YOU SMOKE?

ALL INFORMATION IS TREATED CONFIDENTIALLY AS PER OUR PRIVACY POLICY AND THE PRIVACY ACT

5 Ellen Street, Wollongong 2500
Tel: 02 4229 2911 Fax: 02 4229 2347 Web: ellenstreetdental.com.au

PLEASE TICK EITHER YES OR NO TO EACH OF THE FOLLOWING. DO YOU HAVE:	NO	YES
A Bleeding or Clotting Disorder	○	○
Heart Murmur or History of Rheumatic Fever	○	○
Artificial Heart Valves or Floppy Valves	○	○
Artificial Knee, Hip or Other Joint Replacement	○	○
Cancer	○	○
Have you had Radiation Therapy?	○	○
High Blood Pressure	○	○
Asthma	○	○
Diabetes	○	○
Hepatitis	○	○
Epilepsy	○	○
Thyroid Disease	○	○

PLEASE LIST ANY OTHER GENERAL HEALTH CONDITIONS

ARE YOU HAPPY WITH THE HEALTH OF YOUR MOUTH AND APPEARANCE OF YOUR TEETH?

WHAT WOULD YOU LIKE TO CHANGE?

HOW DID YOU FIND OUT ABOUT OUR PRACTICE?

SIGNATURE: DATE:

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