



**Smile Point Dental WELCOME TO SMILE POINT DENTAL**

MR/MRS/MS/DR/MISS/MST: \_\_\_\_\_  
(Given Names) (Surname)

PREFERRED NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
(Please circle preferred contact number)

EMAIL ADDRESS: \_\_\_\_\_

HEALTHFUND: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

CONCESSIONS: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

PERSON/S RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

REFERRED BY: MESSENGER ( ) YELLOW PAGES ( ) PASSING ( ) INTERNET ( )  
MEDICAL CENTER ( ) FAMILY/FRIEND - PLEASE SPECIFY: \_\_\_\_\_

**MEDICAL HISTORY**

Current Medical Practitioner: \_\_\_\_\_ Specialist: \_\_\_\_\_

**Please CIRCLE where relevant:**

RHEUMATIC FEVER	HIV/AIDS	WOMEN - ARE YOU PREGNANT YES/NO
HEPATITIS/LIVER DISEASE	DIABETES	BLEEDING DISORDER
HEART TROUBLE/DISEASE	ARTHRITIS	BREATHING DIFFICULTIES
ASTHMA	EPILEPSY	MALIGNANCIES
HIGH BLOOD PRESSURE TB (Tuberculosis)	CANCER THERAPY	

OTHER/S PLEASE SPECIFY: \_\_\_\_\_

Do you have any ALLERGIES? (Give details): \_\_\_\_\_

Please list CURRENT MEDICATIONS: \_\_\_\_\_

When was your last DENTAL VISIT? \_\_\_\_\_

Are you happy with your SMILE? \_\_\_\_\_

What is the purpose of your dental visit today? \_\_\_\_\_

**Settlement of accounts are expected on day of treatment** . Smile Point is not responsible for Health Fund rebates with any dental treatment. I am aware that failure to arrive to my appointment or cancelling my appointment within 24 hours will incur a fee. I will be responsible for any unsettled accounts forwarded to your Debt Collector –

**Plus administrative fees which is 50% of the debt amount with the possibility of further legal action.**

Please tick box  if you **DO NOT** want a text message or email to be sent to you for appointment reminder.

PATIENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_