

Welcome back to our Practice

As a dentist in Australia, Dr Eden Winter is required by law to have his patients complete and update a medical history form every 12 months. However, it is not just as a legal requirement. This process also ensures that your medical history is up-to-date and that we are taking care of our patients in the best way possible.

Please answer these questions as completely as possible. It will assist us greatly in our effort to provide the best dental treatment for you.

Patient details

Have any of the following details changed in the past 12 months?

Your Title: Yes No If yes, please provide details: _____

Your name: Yes No If yes, please provide details: _____

Your residential address: Yes No

If yes, please provide details: _____

Your phone number: Yes No If yes, please provide details: _____

Your email: Yes No If yes, please provide details: _____

Your private health insurer: Yes No

If yes, please provide details: _____

Your emergency contact: Yes No

If yes, please provide details: _____

Your GP: Yes No

If yes, please provide details: _____

Medical history

Have you suffered from any new medical conditions (including allergies) or treatments in the last 12 months? Yes No

If yes, please provide details: _____



Has the medication that you take changed in the past 12 months? Yes No

If yes, please provide details: _____

Have you started smoking or have you quit smoking in the past 12 months? Yes No

If yes, please provide details: _____

Are you pregnant? Yes No If yes, due date: _____

Were you taking any MEDICATION before getting pregnant? Yes No

If yes, please list: _____

Allergies / intolerances

Have you developed or discovered any new allergies or intolerances in the past 12 months?

Yes No

If yes, please detail: _____

Dental history

Last dental visit: _____

Has your dental hygiene routine changed in the past 12 months? Yes No

If yes, please detail: _____

Have you had a reaction or complication following dental treatment in the past 12 months?

Yes No

If yes, please detail: _____

Have you suffered from any new dental conditions in the past 12 months? Yes No

If yes, please provide details: _____

If there anything else that you would like to tell us? Yes No

If yes, please detail: _____





Existing Patient Contact Details & Medical History Update Form

Privacy policy & signature

Any information is collected and maintained in accordance with State and Federal Privacy Legislation. A copy of our privacy policy can be obtained online at <https://wintersmiles.au/policies/#privacy>

I have accurately completed this medical history form to the best of my knowledge. I hereby give my authority for any treatment agreed upon by me, to be carried out by Dr Winter and his staff.

I agree to be responsible for payment of all services rendered on my behalf and on behalf of my dependents. I understand that payment is due at the time of service unless other arrangements have been made.

I authorise Dr Winter to take images of my teeth both before and after my treatment. I understand these images may be used in a practice portfolio to showcase examples of dental work to other patients and my identity will remain anonymous.

Patient name: _____

Signature: _____ Date: _____

(Parent / Guardian to sign if patient is a minor)

