Prof Matthias Bickel, **Dr med dent (Bern, Switzerland) PhD, Prosthodontist**

1300 BICKEL (1300 242 535) info@betterpros.com.au www.betterpros.com.au

In order to provide you with the highest standard of dental care, we are collecting personal information from you.
It is important that you take your time to answer these questions as completely as possible.

Personal Details:

Full Name Mr. Mrs. Ms. Miss .....
underline preferred name

Adress ..... D.O.B. _____/_____/_____
Day / Month / Year

City/Suburb ..... Postcode .....

Phone Home..... Work .....

Mobile ..... E-mail.....

Referring Dentist.....Health Fund.....

Current medical doctor .....Phone.....

Emergency contact.....Phone.....

Medical Details:

Have you had any serious health problems or operations in the past 5 years? ..... [NO] [YES]

.....

Have you ever had any adverse reactions or allergies to any drugs, latex or Elastoplast? ..... [NO] [YES]

.....

Please list all medication including over the counter, you take on a regular basis .....

.....

Do you have or have you ever had any of the following medical conditions?

1. Heart/Vascular disorder.....[NO] [YES] Comments 1 – 12
2. HIV or Hepatitis .....[NO] [YES]
3. Blood disease/bleeder.....[NO] [YES]
4. Blood pressure problems .....[NO] [YES]
5. Rheumatic Fever/Arthritis.....[NO] [YES]
6. Diabetes .....[NO] [YES]
7. Liver or kidney disease.....[NO] [YES]
8. Respiratory disease/Asthma .....[NO] [YES]
9. Neurological disorder/Epilepsy.....[NO] [YES]
10. Allergy/Hypersensitivity .....[NO] [YES]
11. Osteoporosis .....[NO] [YES]
12. Other .....[NO] [YES]

Ladies, are you pregnant? .....[NO] [YES] If yes due date.....

Date ..... Signature .....

Update ..... Signature .....

Update ..... Signature .....