ENDODONTISTS

Dr. Sydney Bader
Dr. James Wealleans

GOSFORD

PLEASE COMPLETE AND BRING TO YOUR APPOINTMENT

MEDICAL HISTORY QUESTIONNAIRE

CENTRAL COAST ENDO

Name: _____ **Phone No:** _____

Address: _____

Date of Birth: _____ **Gender:** _____ **Height:** _____ **cm** **Weight:** _____ **kg**

Email Address: _____ **Occupation:** _____

PLEASE PROVIDE INFORMATION ABOUT THE FOLLOWING:	NO	YES	FURTHER INFORMATION
Previous operations / procedures / surgeries?			
Previous anaesthetics problems / adverse events / reactions?			
Any current or previous medial conditions? If yes, please give further details. Specifically, is there any history of the following: (please circle) Asthma, Shortness of Breath, Cough, Chronic Bronchitis, Lung Disease, Snoring, Sleep Apnoea, Stomach Ulcer, Reflux (GORD), Hiatus Hernia, Liver/Hepatitis (Any), Diabetes, Thyroid Problems, Arthritis/Artificial Joints, Glaucoma Angina/Heart Attack, Heart Surgery/Stents, Heart Trouble, Heart Murmur, Rheumatic Fever, High Blood Pressure, Low Blood Pressure, Arrhythmia (Any Type), Palpitations, Vascular Problem, Hay Fever, Sinus Trouble, Cancer, Cancer Treatment, Live Alone? Stroke (CVA, TIA), Epilepsy/Fits, Fainting/Vertigo, Balance/Walking issue, Migraine, Renal Disease, Urological Disease, Anaemia, Blood Disorders, Depression/Anxiety, ADHD, Psychiatric Treatment, Illicit Drug Use (Any), Recreational Drug Use, Any Other Conditions?			
Are you taking any regular medications? Please list, with doses. (Including vitamins, herbal treatments, etc).			
Do you have any allergies?			
Are you taking or have you ever taken any medication for Osteoporosis (Bisphosphonate Drugs)?			
Are you pregnant or breastfeeding?			
Do you smoke? (cigs, vaping, marijuana, etc) How many per day?			
Do you drink alcohol? How much per week?			
Is there anything else about your health that we should know?			
Do you have a My Health Record?			

The above information, is to the best of my knowledge true and correct.

Signature _____ Date _____