



## SOUTH WEST ORAL &amp; FACIAL SURGERY

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*Your medical history is important to us, please answer all question truthfully and to the best of your knowledge to help plan your treatment and to avoid any unnecessary personal health risks.*

Full name .....

How would you rate your general health? .....

Who is your local medical doctor or superclinic? Doctor's name.....

Address ..... Phone .....

Have you had any serious illnesses, operations or hospitalizations in the past? If so please state .....

Do you smoke?  Yes  No If yes, how many in one day .....or per week ..... number of years .....Do you have sleep apnoea?  Yes  No Do you use a CPAP machine?  Yes  NoHave you ever had a problem with excessive bleeding or bruising following a tooth extraction?  Yes  NoHave you ever had heart surgery, valve replacement, hip or joint replacement or have a pacemaker?  Yes  NoHave you ever taken or are you currently taking steroids - *cortisone, prednisolone or hydrocortisone*?  Yes  NoHave you ever taken or are you currently taking anticoagulants - *Iscover, Plavix, Warfarin, Aspirin, Xarelto or Eliquis*?  Yes  No

Have you ever taken medication for osteoporosis, hypercalcaemia, Paget's disease or other bone or calcium problems in the past 10 years?

If yes please list.....

Please list or provide a copy of your current medication/s.....

Are you allergic to:  Drugs  Food  Tapes  Latex/rubber  Other .....Have you or a family member ever experienced a bad reaction to general anaesthesia?  Yes  No

If yes please describe .....

Have you ever been treated for any of the following diseases? (Please circle)

Chest pain/ angina	Heart valve replacement	Radiation therapy	Multiple sclerosis	Venous thrombosis
Liver disease	Splenectomy	Pulmonary embolus	Gastrointestinal disease	Diabetes
Thrombocytopenia	Kidney disease	Metabolic/ Endocrine disease	Asthma	Kidney dialysis
Jaundice	Anaemia	Hepatitis	Heart murmur	Haemophilia
Psychiatric disorder	Congenital heart disease	Cancer	Epilepsy	Neurologic disorder
Rheumatoid arthritis	AIDS/ARC/HIV	Heart attack	Infective endocarditis	Stroke
Rheumatic fever	Chronic obstructive airway disease	Cystic fibrosis	Heart failure	Osteoporosis

Signature of patient ..... Date \_\_ / \_\_ / \_\_\_\_

Signature of legal guardian ..... Date \_\_ / \_\_ / \_\_\_\_

*This section is for women only*

Some medications used in Oral and Maxillofacial Surgery will cross the placental barrier and breast milk barrier. Some antibiotics may reduce the effectiveness of birth control pills. Some medications may affect the unborn foetus.

Are you pregnant?  Yes  No  Unsure Are you breastfeeding?  Yes  NoAre you taking the oral contraceptive pill or using an implantable contraceptive agent e.g. *Implanon*?  Yes  No



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Title ..... First Name ..... Surname .....

Address ..... Suburb .....

Contact numbers: Home ..... Work ..... Mobile .....

Email .....

Date of birth \_\_/\_\_/\_\_\_\_ Age .....years

Are you of Aboriginal or TSI descent?  Yes  No

Occupation.....

*Emergency contact/ Next of kin*

Name..... Relationship.....

Address .....

Contact numbers: Home ..... Work..... Mobile .....

*Person responsible for fees*

Name..... Relationship.....

Address .....

Contact numbers: Home ..... Work..... Mobile .....

Medicare Card Number ..... Expiry date \_\_/\_\_/\_\_\_\_

Patient number on Medicare Card..... (number next to name)

Do you have private health insurance?  Yes  No

Do you have dental extras?  Yes  No

Name of fund and level.....

Membership number ..... Patient reference number.....

48 hours prior to your appointment time you will receive a confirmation text, are you happy to receive this service?  Yes  No

How did you hear about the practice?.....

Have you visited our website? .....

*Privacy Statement*

All staff at South West Oral & Facial Surgery respect the privacy of confidential information and seek to safeguard this information appropriately. They will take all possible steps to regulate and protect the collection, use, security and disclosure of personal and sensitive information. Details of our privacy statement can be obtained from South Base Stone Consulting Rooms.