

Personal Details		
Surname	First Name	
Address		
Phone (mobile)	Email	
Date of Birth	Emergency Contact Name	Contact Number
Referred By	Medical Doctor	
ACC #	Date of Accident	Occupation

Medical History	y	n	If yes, please state why:
1. Are you receiving any medical treatment at the present time?			
2. Have you been admitted to hospital in the last 2 years?			
3. Have you had, or do you currently have, any of the following? Tick (✓) all that apply:			
Heart condition		Diabetes	Anaemia
Rheumatic fever		Kidney problems	Bleeding disorder
High or low blood pressure		Hepatitis A, B, or C	HIV
Chest problems		Gastric problems	Other, i.e. cancer treatment:
Asthma		Epilepsy	
			y n
4. Do you have Osteoporosis or Osteopenia / low bone density?			
5. Have you ever experienced excessive bleeding or bruising from cuts, scratches or dental treatment?			
6. Have you ever had a reaction to anaesthetic?			
7. Are you taking any tablets, medicines or drugs? If yes, please list all:			
8. Have you any allergies that you are aware of? If yes, please list:			

9. Have you ever been a smoker?	No, never		Yes, but I quit		Yes, I smoke	
10. Are you pregnant or breastfeeding?	Yes		No		N/A	
If pregnant, when are you due?						

Further Information	
11. Are there any other aspects of your health that you think we should know about?	
Consent	
The medical history I have given is true and correct to the best of my knowledge.	
I am happy for my anonymised records to be used for education purposes, on our social media channels and on our website.	
PAYMENT AND CANCELLATIONS: Payment is required IN FULL on the day of the appointment/treatment. In complicated cases with multiple appointments, part payment is required as the treatment progresses. All fee estimates are based upon conditions viewed at the time of diagnosis. Unforeseen circumstances can alter an estimated fee. We understand that sometimes it is necessary to change your schedule. Out of consideration for others, we kindly ask you to provide a minimum of 24 hours notice if you wish to change or cancel an appointment. A fee of \$150 will be charged for non-attendance or cancellation on the day of the appointment.	
Signature:	Date:
Parental permission:	Date: