ENDODONTISTS

**Dr. Sydney Bader**
**Dr. James Wealleans**

DEE WHY

PLEASE COMPLETE AND BRING TO YOUR APPOINTMENT

# MEDICAL HISTORY QUESTIONNAIRE

NORTHERN BEACHES 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?<br>If yes, please give further details.<br>Specifically, is there any history of the following: (please circle)<br>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<br>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?<br>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 _____