



# DENTAL STUDIO @ HERMANUS

Dr Linda Riddell Pr No: 0333050

DEB NO:

PATIENT NO:

PATIENT NAME:

## INFORMATION SHEET

### MEDICAL AID DETAILS

Name of Medical Aid:

Option:

Number:

Medical Aid

Private Patient

Language: Afrikaans

English

### DETAILS OF THE PATIENT

Name:  Surname:  Dependant

Title:  ID no:  Date of Birth:  DAY MONTH YEAR

Physical  Employer  TELEPHONE NR

Address:  Tel (H)

TOWN CODE  Cell no:

**Email address:**

### PASIENT MEDICAL HISTORY

DOCTOR (GP)

ONLY TICK WHERE APPLICABLE PLEASE

#### MEDICATIONS:

**HEART** Rheumatic Fever  Heart Surgery  High CHOLESTEROL  Angina

Pacemaker Fitted  High Blood Pressure  Heart Murmur  Thrombosis

Other:

**CHEST** Pneumonia  Bronchitis  Pleurisy  Smoker

Cystic Fibrosis  Chest Surgery  Emphysema

Other:

**BLOOD** Anaemia  Hepatitis B  Pleurisy  Haemophilia

Cystic Fibrosis  Sickle Cell  H.I.V

Other:

**MED ALERT** Warning Card  No Local Anaesthetic  Special Precautions  Pregnant

Anti Biotic Cover  Don not Recline  Adrenalin Sensitive

Other:

**OTHER** G.A Experience  Serious illnesses  Cancer  Serious Surgeries

Epilepsy  Diabetes  Hiatus Hernia  Liver Decease

Other:

**ALLERGIES** Aspirin  Anti Tetanus Serum  Penicillin  Hay Fever

Iodine  Asthmatic  Eczema

Other:

**OPERATIONS** Knee Replacement  Hip Replacement  Heart Surgery

**SPECIFIC MEDICATION** Warfarin  Anticoagulant

Other:

### Contact details of person NOT living in the same household

NAME:  CONTACT NO:

