Dr Ben Piller
BDS (Syd) MDSc (TAU)
Specialist Orthodontist
a: Westfield Tower 1 Level 16 Suite 1603
520 Oxford Street Bondi Junction NSW 2022
p: (02) 9389 0766 e: info@eso.com.au w: www.eso.com.au

1. Personal Information

Name: _____
First Last
Birthdate: _____/_____/_____ Age _____
Home Address:_____
_____
Postcode
Phone (H):_____Phone (W):_____
Mobile:_____
Email:_____
Occupation:_____

2. Emergency Contact

Name:_____
First Last
Phone (H):_____Phone (W):_____
Mobile:_____
Email:_____

3. Dental History?

What is the main orthodontic concern?

_____

_____

Who is your Dentist?

_____

When was your last dental visit and what was the nature?

_____

Who may we thank for referring you?

_____

4. Medical History

Please list any medication that you are currently taking:

_____

_____

Have you ever had any of the following medical conditions?

Excessive bleeding		❑ Yes	❑ No
Heart Murmur / condition		❑ Yes	❑ No
ADD/ADHD		❑ Yes	❑ No
Epilepsy		❑ Yes	❑ No
Anxiety		❑ Yes	❑ No
Depression		❑ Yes	❑ No
Diabetes		❑ Yes	❑ No
Rheumatic Fever		❑ Yes	❑ No
Hepatitis A,B or C		❑ Yes	❑ No
HIV / AIDS		❑ Yes	❑ No
Asthma		❑ Yes	❑ No
Sinus		❑ Yes	❑ No
Headaches		❑ Yes	❑ No
Adenoids removed		❑ Yes	❑ No
Tonsils removed		❑ Yes	❑ No
Ear problems		❑ Yes	❑ No
Allergies:	Latex	❑ Yes	❑ No
	Plastic	❑ Yes	❑ No
	Metal	❑ Yes	❑ No
	Medication	❑ Yes	❑ No
	_____		
	Other	❑ Yes	❑ No
	_____		
Head, neck or spine injury?		❑ Yes	❑ No
Hospitalised recently		❑ Yes	❑ No

_____

_____

_____

Please list any other medical conditions:

_____

_____

_____

I understand that the information given is correct to the best of my knowledge, that it will be held in the strictest of confidence and that it is my responsibility to inform this office of any changes in my medical status.

_____

Signature Date