

**DR ROBIN D'ROZARIO**

B.D.S., B.Sc., Dent., (Hons) M.D.S., F.R.A.C.D.S.

**PATIENT REGISTRATION FORM**

The information on this form is essential in order to provide the best professional care.  
I appreciate your co-operation in filling out this form carefully. Thank you.

Name:.....

(title)

(first name)

(last name)

Date of Birth:.....Sex: M F Occupation.....

Address:.....

Suburb:.....Post Code.....

Phone: (home).....(mobile).....(work).....

Guardians full name if under 18 years:.....

Medicare Card Number:.....Reference.....Expiry Date...../.....

(10 Digits)

(Card Position)

Private Health Insurance for: DENTAL: Yes No HOSPITAL: Yes No

Name of Health Fund:.....

Dentist:.....Orthodontist:.....Family Doctor:.....

Referred By:.....

Have you had any serious illness or operation in the past?.....YES / NO

If yes, please list with dates.....

Has there been any change in your general health in the past year?.....YES / NO

Are you under any treatment by your local doctor?.....YES / NO

If yes, please briefly explain.....

Are you allergic to anything? YES / NO. If yes, please list.....

Please list all medications you are currently taking.....

Please circle yes or no to the following

|                           |          |                           |          |
|---------------------------|----------|---------------------------|----------|
| Rhuematic Fever           | YES / NO | Asthma / Bronchitis       | YES / NO |
| Blood pressure HIGH / LOW | YES / NO | Diabetes                  | YES / NO |
| Excessive Bleeding        | YES / NO | Stroke/fit Epilepsy       | YES / NO |
| Hepatitis                 | YES / NO | Ladies, are you pregnant? | YES / NO |

Do you have any disease, condition or problem not listed above, that the surgeon should know about?

If yes, please explain.....

Is this a workers compensation or third party matter? Yes No ***if yes please provide details:***

Name and Address of Employer or Solicitor:.....

.....

**SIGNATURE**.....**DATE**.....

PRIVACY: This practice is committed to maintaining your personal health information. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorized members of staff or other health professionals as considered necessary in the context of your treatment.