Welcome to our practice

We look forward to giving you the best possible service and treatment so that you can enjoy the benefits of healthy teeth and a beautiful smile.

Patient Details

Title: Mr / Mrs/ Ms/ Dr / Other _____ Surname 姓:_____Given Name 名:_____
Date of Birth 出生年月: _____/_____/_____
Residential Address 地址: _____
Contact 家里电话: (Home) _____Mobile 手机号码: _____
Email 电子邮箱: _____Occupation 职业: _____
Emergency Contact 紧急联系人: Name 姓名 _____PH 电话:
_____
Dental Fund 私人医疗保险(if any): _____
Your preferred language: English 英文 / Cantonese 广东话 / Mandarin 普通话/ Others 其他
How did you hear about us? 从哪里得知我们诊所? _____
If referred by a family member or a friend, please specific 如果是家人朋友介绍，请写出姓名: _____
When was your last dental visit? 上一次看牙时间 _____
What is your main concern today 看牙主要原因? _____
For Dental treatment do you prefer injections? 治疗时候是否接受麻药_____
Have you ever had a problem with a previous injection?有没有对麻药有过不良反应 _____

Medical History 个人医疗病史 Please indicate below:

- ☐ Abnormal Bleeding 凝血延迟/出血性疾病
- ☐ Heart Condition/ Disorder 心脏疾病
- ☐ Rheumatic fever 风湿热
- ☐ Hepatitis A B C 肝炎
- ☐ Infectious Disease (e.g. HIV/AIDS)传染病（艾滋病）
- ☐ Cancer/chemotherapy/radiotherapy 癌症/化疗/放疗
- ☐ Epilepsy 癫痫
- ☐ Asthma/ Lung condition 哮喘
- ☐ Blood Pressure High / Low 高低血压
- ☐ Bone Disease 骨骼关节疾病
- ☐ Pregnant? 怀孕(几周)_____
- ☐ Diabetes: Type 1 Type 2 糖尿病
- ☐ Allergy 过敏（请明确写出）_____
- ☐ Sleep apnoea 睡眠窒息症
- ☐ Other illnesses 其他 _____

Are you taking Medication? If yes, please list below 目前是否有服用任何药物(请明确写出):_____

I understand that payment of the account is due in full at the time of treatment.

Declaration
I hereby declare that true and accurate information has been given to the best of my knowledge.

Patient's Signature 签名: _____Date 日期: _____