



## Patient Registration Form

**FULL NAME\*:** \_\_\_\_\_  
as stated in NRIC / FIN

**GENDER\*:** M / F  
circle accordingly

**NRIC / FIN / BC\*:** \_\_\_\_\_  
circle accordingly

**DOB\*:**       -       -            

**NATIONALITY\*:** Singapore Citizen / PR / Non-Citizen  
circle accordingly

**Country of Birth:** \_\_\_\_\_

**Race:** Chinese / Malay / Indian / Others: \_\_\_\_\_  
circle accordingly

**Occupation:** \_\_\_\_\_

**Marital Status:** Single / Married / Divorced / Widowed  
circle accordingly

**Preferred Language:** Eng / Chn / Mly / \_\_\_\_\_  
circle accordingly

**Address:** \_\_\_\_\_ (S) \_\_\_\_\_

**HP\*:** +6 5 \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Other Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How did you find us? Were you referred by anyone?** \_\_\_\_\_

**Dental Insurance Plan or Subsidy Card (If Applicable) :** \_\_\_\_\_

**Expiry / Renewal Date for CHAS / PG CARD (If Applicable) :**       -       -            

I consent to the clinic contacting me via SMS / Phone Calls / Emails regarding my dental treatment: **Y / N**  
circle accordingly

**Signature of Patient (Above 21):** \_\_\_\_\_

**Date:**       -       -            

All \* fields are compulsory

### **PARENTAL CONSENT (FOR UNDER 21):**

1. I consent to Examination and Referral / X-Rays / Scaling and Polishing / Topical Fluoride Application / Fillings for my child / ward named above. **(Please delete as appropriate)**
2. Where necessary, I also consent to the administration of Local Anaesthesia / Drugs and Medications / Emergency Treatment.
3. I understand the estimated costs / nature / purpose / risks / potential complications of the procedures and the consequences of declining treatment as well as alternative treatment options if any.
4. I am strongly encouraged to accompany my child / ward to the dental appointment and have been given the opportunity to address any related concerns.
5. I have given the full medical history of my child / ward to the best of my knowledge.

**Name of Parent / Guardian:** \_\_\_\_\_

**NRIC of Parent:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:**       -       -            

**Relationship to Patient:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

## Medical History Form

Please note B & F Dental is registered with the National Electronic Healthcare Record (NEHR) to provide you personalized care.  
B & F 牙科诊所所有参与国家电子健康记录 (NEHR) 以为您提供更好的护理。

- |  |  |
|--|--|
| <p>1. Are you under medical treatment now? Y / N<br/>你现在是否正接受医药治疗? 请注明。</p> <p>2. Are you taking any medication now? Y / N<br/>你目前在服用药物吗? 如果有, 请注明。<br/>_____</p> <p>3. Are you on any TCM or traditional medicine? Y / N<br/>你目前在服用中药或其它传统药物吗?</p> <p>4. <b>Do you have any allergy or G6PD Deficiency?</b> Y / N<br/>你有过敏症状或 G6PD 缺乏症 (蚕豆症) 吗?<br/>_____</p> <p>5. <b>Do you require antibiotics before dental treatment?</b><br/>(Heart valve disease, joint replacement) Y / N<br/>牙科治疗前需要服用抗生素吗?<br/>例如: 心脏瓣膜病, 义体装置物</p> <p>6. <b>Do you have any blood disorders or bleeding risk?</b><br/>(Hemophilia, thrombocytopenia, thalassemia, or on<br/>meds like Aspirin / Plavix / Warfarin / Xarelto) Y / N<br/>有任何血液病或服抗凝血药吗?</p> <p>7. Any High Blood Pressure? (有高血压吗?) Y / N<br/>Medication (所有药物): _____</p> <p>8. Any Diabetes? (糖尿病) Y / N<br/>Type (类型): 1 / 2<br/>Medication (所有药物): _____<br/>Latest Hba1c (最近糖化血红蛋白): _____</p> <p>9. Have you been hospitalized or had surgery before? If<br/>so please elaborate. Y / N<br/>你有动过手术或住院过吗? 请注明。</p> <p>10. Are you a current or ex-smoker? Y / N<br/>你目前或以前有抽烟吗?</p> | <p>11. Do you drink alcohol? If yes, how often? Y / N<br/>你有喝酒吗? 若是, 多久一次? 喝多少?</p> <p>12. Any tumors or growths? (有肿瘤吗?) Y / N</p> <p>13. <b>Are you on bisphosphonate therapy?</b> Y / N<br/>(eg. Zometa, Fosamax, Reclast, Boniva, Prolia)<br/>你是否在接受双膦酸盐治疗吗?</p> <p>14. Any radiation therapy to head / neck? Y / N<br/>头/颈部有受过放射线治疗吗?</p> <p>15. Any heart problems? Y / N<br/>心律失常, 心杂音, 胸发疼, 心脏病发作有吗?</p> <p>16. Do you have a pacemaker? 起搏器有吗? Y / N</p> <p>17. Any lung, stomach, liver, kidney, muscle, brain, joint<br/>or skin problems? Y / N<br/>肺 胃, 肝, 肾, 肌肉, 大脑, 关节或皮肤有问题吗?</p> <p>18. Any current infectious diseases? Y / N<br/>(Hep B, HIV, HCV, TB)<br/>B 型肝炎, C 型肝炎, HCV 病毒, 肺结核有吗?</p> <p>19. Female Patients: Are you pregnant? ? / Y / N<br/>女病者: 你有怀孕吗? 请注明预产期。<br/>Expected Delivery Date: <u>  </u> <u>  </u> - <u>  </u> <u>  </u> - <u>  </u> <u>  </u> <u>  </u> <u>  </u></p> <p>20. Any recent change to your health or unexplained<br/>weight loss? Y / N<br/>最近有健康状况变化或原因不明的体重减轻吗?</p> <p>21. Any other health problems not listed? Y / N<br/>你有任何其它健康问题吗?</p> <p>22. Is there anything you would like to speak to the<br/>doctor confidentially about? Y / N<br/>您是否患有任何传染性疾病, 或有任何想要秘密<br/>告知医生的事情吗?</p> |
|--|--|