Teeth for life project application form

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| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Home phone number** |  |
| **Mobile phone number** |  |
| **Health care card number or pension card number** |  |
| **Do you identify as Aboriginal or Torres Strait Islander?** |  |
| **Country of birth** |  |
| **Preferred language** |  |
| **GP Name****Clinic Name / address****Phone number** |  |

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| **When was your last visit to the dentist?** |  |
| **Do have any dental problems? Please list.** |
| **Have you previously been seen by Merri Heath Dental Services?**  |  |
| **Type of Diabetes**  |  |
| **How long have you had diabetes?** |  |
| **Latest HbA1c ( if known)** |  |
| **What medications do you take for your diabetes? Please list.** |

Please return this form to 11 Glenlyon Road, Brunswick or your closest Merri Health site by Friday, 4 May 2018