Teeth for life project application form

|  |  |  |
| --- | --- | --- |
| **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** |  | |

|  |  |  |
| --- | --- | --- |
| **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