

Dr Alan Samakeh

BSc Hons (Syd), BDent Hons (Syd), MBBS (Syd), FRACDS (OMS)

ORAL and MAXILLOFACIAL SURGEON

ABN: 40 983 264 173

Telephone: 1300 49 49 79**Email:** reception.samakeh@gmail.com**Website:** www.alansamakeh.com.au**PENRITH:**Somerset Specialist Centre,
Suite 201, Level 2,
38 Somerset Street,
Kingswood, NSW, 2747
Provider number: 494058VY**WAHROONGA:**Sydney Adventist Hospital,
Suite 220, Level 2 Clark Tower,
185 Fox Valley Road,
Wahroonga, NSW, 2076
Provider number: 494058WJ**PARRAMATTA:**Suite 307, Level 3,
55 Phillip Street,
Parramatta, NSW, 2150
Provider number: 651244GW**PATIENT SUMMARY**

Title:	Surname:	Given Name(s):	Gender
Address:			
Date of Birth:		Email Address (same email address as you use for Service NSW)	
Mobile:		Home:	Work:
Next of Kin Contact Name*	Relationship to Patient:	NOK Telephone Number:	

*If you are next of kin for your child who is under 18 years of age, please note your date of birth: __ / __ / ____.

Medicare Card Number:	Position on Card:	Expiry:
Private Health Fund Name:	Membership Number:	
DVA Card Number:	Colour:	Expiry:

Family Medical GP name, phone number and address:	
Dentist name, phone number and address:	

HEALTH QUESTIONNAIRE

Have you ever had any of the following conditions? Please circle either yes OR no.					
Heart problems / rheumatic fever	Yes	No	Kidney disease	Yes	No
Asthma / lung problems.....	Yes	No	Hepatitis / HIV	Yes	No
Bleeding problems	Yes	No	Do you smoke?	Yes	No
Epilepsy / stroke	Yes	No	How many alcoholic drinks do you have a day/night?		
Diabetes.....	Yes	No	Are you pregnant?	Yes	No
High blood pressure	Yes	No	Are you breast feeding?	Yes	No
Osteoporosis	Yes	No	COVID-19 Vaccinations	Yes	No
Cancer	Yes	No	Last COVID-19 infection date		

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Please list all medications you take, including insulin, puffers and yearly injections.

Please list all medications that cause you ALLERGIES and the reaction they cause.

Medications causing ALLERGIES eg penicillin	The allergic REACTION you develop eg rash

Have you ever had injections or tablets for osteoporosis (such as Prolia, Fosamax or Actonel)? _____

What date was the last dose? _____

What date is the next dose due? _____

Have you ever had cancer to your face / jaws / mouth? _____

If so, what type of cancer? _____

Did you have radiotherapy to your face / jaws for your cancer? _____

If so, which year did you have radiotherapy? _____

Do you have any other medical conditions not listed above? _____

If yes, please list them

here: _____

CONSENT

I give permission for Dr Samakeh to obtain any medical reports/records/results which may assist him in my treatment.

I give permission for Dr Samakeh's staff to, where possible, electronically claim any benefits which may be payable to me.

Patient / Next of Kin Name and Signature

Date