SUNDIAL DENTAL PATIENT INFORMATION

PORT MACQUARIE DENTAL CARE ● WAUCHOPE DENTAL CARE

To help the dentist perform a complete dental examination, the following questionnaire has been formulated. Please answer the questions as accurately as possible. This information will remain confidential.

THANK YOU

Mr/Mrs/Miss/Ms/Dr ☐

Surname: ..... First Names: .....

Date of Birth: ..... Email Address: .....

Home Address: .....

Suburb: ..... Postcode: .....

Phone: Home: ..... Work: ..... Mobile: .....

If minor, person responsible for account: ..... Relationship: .....

Contact person: ..... Home: ..... Mobile: .....

Occupation: .....

Name of private health fund for dental cover (if applicable): ..... Card No: .....

Veterans Affairs card holder YES ☐ NO ☐ Number: .....

Who referred you to our practice? ☐ Yellow Pages ☐ Magnet ☐ Friend/family Other .....

Doctors Name: ..... Suburb: .....

Tick any of the following which apply now or had in the past:

Heart condition ☐	Arthritis ☐	Blood transfusion ☐
High blood pressure ☐	Asthma ☐	Hepatitis B ☐ or A ☐
Heart murmur ☐	Excessive bleeding ☐	AIDS or HIV+ ☐
Rheumatic fever ☐	Epilepsy ☐	Tuberculosis ☐
Stroke ☐	Chemotherapy/Radiotherapy ☐	Liver disease ☐
Anaemia ☐	Osteoporosis ☐	Kidney disease ☐
Diabetes ☐	Taking bisphosphonates ☐	Allergies ☐

Other: .....

Is there anything you wish to discuss about your health in private? YES ☐ NO ☐ .....

Do you take any drugs or medicines regularly? YES ☐ NO ☐

State any medicines, pills or tablets you are taking now (e.g. pain killers, antibiotics, steroids, the pill etc) and the reason:

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State any allergy to penicillin, adrenalin or any other medicines: .....

Has your doctor or previous dentist advised you to take antibiotic cover for dental treatment ? YES ☐ NO ☐

Have you had any complications with extractions or other dental treatment? .....

(Women) Are you or suspect you are pregnant now? YES ☐ NO ☐ When are you due? .....

Do you smoke? YES ☐ NO ☐

Please state reason for attending our practice: .....

Are you interested in tooth whitening? .....

I understand that the trading policy of this surgery is payment on the day of treatment (unless otherwise arranged).

Signed: ..... Date: .....

Click here when completed