Chermside West Dental Centre

Welcome to our practice. Your answers are confidential.

Patient Particulars

Mr Mrs Miss Ms Dr

First Name:_____ Last Name:_____

Address:_____Suburb:_____Postcode:_____

Date of Birth: ____/____/____

Do you have dental cover (Bupa, Medibank, other)? Yes/No Fund Name:_____

Ph#: (Home)_____ (Work)_____ (Mobile)_____

Email:_____ Preferred notification service: Email ☐ SMS ☐ Phone Call ☐

Employer: _____Years Employed:_____

Emergency Contact:_____ Ph#:_____ Mobile#_____

I consent to having reminder notices sent to me by email or SMS

Medical/Dental History

☐ Rheumatic Fever	☐ Amnesia	☐ Pacemaker
☐ Diabetes	☐ Tuberculosis	☐ HIV/Aids
☐ Epilepsy	☐ Hepatitis	☐ Nervous Condition
☐ Kidney Disease	☐ Thyroid Disease	☐ High Blood Pressure
☐ Do you Smoke?	☐ Prosthetic Implants	☐ Stroke
☐ Excessive Bleeding	☐ Heart Valve Disorder	☐ Heart Complaints

Other Conditions?_____

Drug Allergies?_____

Do you require antibiotics before dental treatment? Yes/No

Have you ever had an unfavourable reaction to local anaesthetic? Yes/No

Are you currently taking any medication? Yes/No

If yes, please list:_____

Are you currently receiving any medical treatment? Yes/No

Ladies, are you pregnant? Yes/No

Due Date :____/____/____

When was your last dental visit? Date: ____/____/____

Have you had problems with previous dental treatments? Yes/No

If yes, what was your previous experience?_____

Questionnaire

Are you interested in having whiter teeth? Yes/No

Are you interested to learn how to improve your smile? Yes/No

How would you rate your smile on a scale from 1 to 10? _____

Please Circle one of the numbers that best describes how the following situations have affected you.

1.Not at all 2. A little bit 3.Moderately 4.Severely

1.Thought of dental visit before the actual appointment	1 2 3 4
2.Being in a dental chair	1 2 3 4
3.Waiting in a dentists practice	1 2 3 4
4.Noise of the dental drill	1 2 3 4
5.Not being informed by the dentist as to what is to be done	1 2 3 4
6.Needles in the mouth	1 2 3 4
7.Repetition of a past dental visit	1 2 3 4
8.Dental instruments and procedures	1 2 3 4

How did you learn about Chermside West Dental Centre? (please circle)

Noble Health Signs Yellow Pages Newspaper Other_____

Please Sign:_____ **Date:** ____/____/____

PAYMENT MUST BE MADE IN FULL AT TIME OF APPOINTMENT