BOWRAL STREET DENTAL PRACTICE

Suite 11, 70 Bowral St, Bowral NSW 2576
Phone: (02) 4861 6576   Fax: (02) 4861 6578

Please answer all questions as they help us to provide the best treatment possible. All information will be treated with complete confidentiality.

TITLE (PLEASE CIRLE): MR. MRS. MISS MS.
FULL NAME:____
DATE OF BIRTH:______________________
ADDRESS:____
SUBURB:________________________ P/CODE:________________________________
TEL HOME:______________________ MOBILE:_______________________________
EMAIL ____
OCCUPATION:____
NAME & PHONE NUMBER OF YOUR DOCTOR:__________________________________
NAME & PHONE NUMBER OF YOUR NEXT OF KIN:_____________________________
HOW DID YOU HEAR ABOUT THE SURGERY?__________________________________
PERSON RESPONSIBLE FOR FEES:____
DO YOU HAVE PRIVATE DENTAL INSURANCE? NO YES
If YES, with which health fund?____________________________

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HOW DO YOU RATE YOUR GENERAL HEALTH? EXCELLENT GOOD FAIR POOR

DO YOU TAKE MEDICINE REGULARLY? NO YES

If YES, please list which medications you take:________________________________
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HAVE YOU EVER HAD AN ADVERSE REACTION TO ANY TREATMENT OR MEDICATION? NO YES

IF APPLICABLE, ARE YOU PREGNANT? NO YES

HAVE YOU HAD ANY SERIOUS HEALTH PROBLEMS NO YES
DURING THE PAST YEAR? NO YES

DO YOU SUFFER FROM ANY OF THE FOLLOWING?

1. Heart/Vascular Disorder*	NO	YES
2. Blood Abnormality/Bleeding Disorder	NO	YES
3. Blood Pressure Problems	NO	YES
4. Diabetes/Arthritis	NO	YES
5. Liver or Kidney Disease	NO	YES
6. Asthma/Epilepsy	NO	YES
7. Smoking	NO	YES
8.Rheumatic Fever*	NO	YES
9. Osteoporosis	NO	YES

If YES, Have you had a Prolio injection or are you taking any regular medication for Osteoporosis?
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** If you have a history of Rheumatic Fever, a Heart Murmur or Heart Valve Disorder / Replacement, you may require antibiotic cover for dental treatment. Please contact the surgery prior to your appointment to arrange this.*

The AIDS and HEPATITIS B Virus can be present in blood and saliva. This puts dentists and their staff in a vulnerable position when treating patients who fall in the "HIGH RISK" category of either disease.

"HIGH RISK" CATEGORIES have been identified as:-

- CARRIERS OF HEPATITIS B OR HIV INFECTION
- INTRAVENOUS DRUG USERS

Please circle the appropriate answer below:-

NO – I AM NOT IN THE "HIGH RISK" CATEGORY

YES – I COULD BE IN A "HIGH RISK" CATEGORY

If the answer is YES, special precautions will be taken to protect you, staff and other patients.

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REASON FOR TODAY'S VISIT (PLEASE CIRCLE ALL RELEVANT ANSWERS):-

1. Toothache YES
2. Sensitive teeth (hot/cold) YES
3. Bleeding gums YES
4. Loosened teeth YES
5. Unsatisfactory denture YES
6. Rapidly decaying teeth YES
7. Worn/broken teeth YES
8. Obvious sounds from jaw joints YES
9. Chewing is difficult YES
10. Discoloured teeth YES
11. Bad appearance YES
12. Pain in face or jaw joints YES
13. Lost filling – cavity YES
14. Missing teeth YES
15. Check-up and Clean YES
16. Other YES *(please give details)*

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DENTAL TREATMENT IS OFTEN CARRIED OUT UNDER LOCAL ANAESTHETIC. HAVE YOU EVER HAD ANY PROBLEMS WITH LOCAL ANAESTHETIC INJECTIONS? YES NO

OUR PRACTICE ALSO OFFERS NITROUS OXIDE INHALATION SEDATION (HAPPY GAS). PLEASE INFORM OUR STAFF SHOULD YOU REQUIRE THIS SERVICE (extra cost applicable) YES NO

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PLEASE NOTE:

- YOUR APPOINTMENT TIME HAS BEEN SET ASIDE FOR YOU PERSONALLY-PLEASE GIVE 24 HRS NOTICE IF YOU CANNOT KEEP YOUR APPOINTMENT
- PAYMENT IS TO BE MADE ON DAY OF TREATMENT

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SIGNATURE TODAY'S DATE