

## Brite Family Dental

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
- Diabetes
- Epilepsy
- Kidney Disease
- Do you Smoke?
- Excessive Bleeding

- Amnesia
- Tuberculosis
- Hepatitis
- Thyroid Disease
- Prosthetic Implants
- Heart Valve Disorder

- Pacemaker
- HIV/Aids
- Nervous Condition
- High Blood Pressure
- Stroke
- 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**