Belmont Dental Surgery Information Questionnaire

To help the dentist perform a complete dental examination, and for computer records, 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/ Mst

Surname:_____ First Names:_____

Date of Birth: _____ Preferred Name:_____

Home Address :_____

Suburb: _____ Postcode: _____

Postal Address (if different from Home Address): _____

Phone: Home: _____Work: _____ Mobile: _____

Occupation: _____

Place of Employment: _____

If Minor, Person Responsible for Account: _____Relationship: _____

Name of Private Health Fund for Dental Cover (if applicable): _____ Card Number: _____

Veterans Affairs Card Holder Yes / No Number: _____

Who referred you to our practice? yellow pages ☐ magnet ☐ friend/family ☐ other ☐ _____

Medical GP/Doctors Name: _____ Suburb: _____

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

Heart Trouble	☐	Arthritis	☐	Blood transfusion	☐
High Blood Pressure	☐	Asthma	☐	Hepatitis	☐
Heart Murmur	☐	Excessive Bleeding	☐	AIDS or HIV+	☐
Rheumatic fever	☐	Epilepsy	☐	Tuberculosis	☐
Stroke	☐	Radiotherapy	☐	Liver disease	☐
Anaemia	☐	Osteoporosis	☐	Kidney disease	☐
Diabetes	☐	Taking Bisphosphonates	☐	Artificial Joints	☐

Other : _____

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

_____

_____

_____

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

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

(Women) Are you 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. An administration charge may be added if I fail to settle my account on the day of treatment. In the event of default, I agree to meet the cost of any debt collection fees incurred.

Signature_____Date_____