
PERSONAL DETAILS



Mr Mrs Ms Miss Dr Other: _____
First Name: _____ Surname: _____
Preferred Name: _____ D.O.B _____
Home Address: _____
Suburb _____ Postcode _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Emergency contact: _____
Email Address: _____
Are you happy for us to email you our quarterly newsletter? yes / no
Family Medical Doctor: _____

MEDICAL HISTORY

This form is designed to alert us to any medical conditions or medications that may interfere with the comfort or safety of your dental care. We will ensure that this information will remain private and confidential. Please ask for assistance if required.

MEDICAL HISTORY : There are some medications or illnesses which can modify or postpone some dental procedures. Please consider each question and circle the appropriate response.

Do you have any illness at present? NO YES If yes, please specify _____
Are you currently taking any medication? NO YES If yes, please specify _____
Are you taking any natural or homeopathic medications?
NO YES If yes, please specify _____
Are you allergic to any medication? NO YES If yes, please specify _____
Have you ever taken Bisphosphonate medications such as Fosamax, normally prescribed for Osteoporosis?
NO YES If yes, which one? _____
Do you normally take antibiotics prior to any dental treatment?
NO YES If yes, please specify _____
Are you allergic to any powders / creams or other products?
NO YES If yes, please specify _____
Are you allergic to latex? NO YES
Women, are you pregnant? NO YES If yes, due date _____
Do you have a pacemaker? NO YES
Have you ever smoked? NO YES
If yes, are you a current smoker? NO YES Reformed smoker? NO YES
Years smoked _____ Average/day _____ Years ceased _____

FOR YOUR PROTECTION : You have our complete assurance that this dental practice has the highest standard of infection control for your safety and well being. Please feel free to discuss with us privately and confidentially, any concerns you may have.

Have you suffered from : (please circle all that apply)

- Rheumatic fever
 - Hepatitis B/C
 - Cancer therapy
 - Thyroid disorders
 - High blood pressure
 - Epilepsy
 - Asthma
 - Contact with HIV/AIDS
 - Heart disease
 - Diabetes
 - "At risk" community status
 - Bleeding/Blood Clotting disorders _____
 - Any relevant surgical procedures _____
 - Other (please specify) _____
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Anzac Avenue Dental is a private, family owned practice offering you comprehensive dental treatment options with traditional care and cutting edge technology.

Our highly skilled team will provide education and care for you and your family in a comfortable, friendly environment.

In order to achieve this, we would like to know a little more about your dental health and any areas of dental care you are interested in learning more about.

Have you ever had problems with a previous dental visit? If so, what was your experience?

When was your last visit to the dentist? _____

TMJ

Do you feel that you grind your teeth? no / yes
 Does your jaw click? no / yes
 Do you wake with a 'sore/tired" jaw? no / yes
 Have you ever been prescribed a splint or 'nightguard'? no / yes

COSMETIC

Do you have worn or uneven edges on your teeth? no / yes
 Are you aware of any chipped, broken or decayed teeth? no / yes
 Are these causing any pain or discomfort for you? no / yes
 If YES, is the tooth hot or cold sensitive? no / yes
 How long ago did the pain start? _____
 Do you have spaces where teeth are missing? no / yes
 Do the spaces bother you? no / yes
 Do you like the colour of your teeth? no / yes

How would you rate your smile on a scale of 1 – 10? (10 very happy) _____
 How would you like to improve your smile?

Improve colour Fill gaps Change shape Remove "black" fillings Not sure

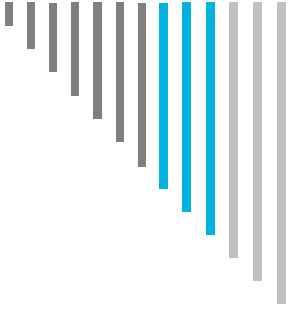
PREVENTIVE CARE

How often do you brush your teeth? once a day / twice a day / three times
 Do you floss? everyday / sometimes / never
 Do your gums bleed when you clean your teeth? no / yes
 Have you been diagnosed with periodontal (gum) disease? no / yes
 Have you seen a hygienist before? no / yes

WHAT WOULD YOU LIKE TO KNOW? (please circle)

- Cerec (type of crown)
- Preventive care program
- Veneers
- Orthodontics
- Periodontal treatment
- Laser dentistry
- Tooth whitening (Zoom!)
- Implants
- Cosmetic smile makeover
- TMJ pain management
- Digital x-ray
- The "Wand" (type of anaesthetic)





FOR YOUR COMFORT

Many people are still nervous about coming to the dentist. While the improvements in techniques have helped most people, you may still be apprehensive and wish us to take extra measures for your comfort. Please circle the number that indicated how you are feeling at the moment.

Completely at ease 0 1 2 3 4 5 6 7 8 9 10 Petrified

Is there anything we can do to assist you to make your visit more comfortable?

Are you covered by any health fund dental plan? NO YES (specify) _____

For our records, how will you be paying today? EFTPOS Cash Credit Card Other _____

Unpaid accounts will be referred for debt collection which may incur in further costs

How did you hear about the practice? (please circle)

- Yellow Pages Book
- Government clinic
- Walk Past
- Friend/Family member
- Magazine advertisement (which one) _____
- Flyer in the mail
- Yellow pages online
- Health Fund
- Another Dentist/Specialist/GP
- Internet / Google search
- Other (specify) _____

Intra and extra oral digital photography is used as an assessment and planning tool at Anzac Avenue Dental. The images we obtain are used for training and promotional purposes by Anzac Avenue Dental. In order to assist us with this, we request our patients sign this photography disclaimer allowing us to use before and after photographs (of your teeth only) for training, display and advertising purposes. At no time will your images be sold or given to a third party. Your name and personal details will also remain confidential.

Signature: (Guardian if under 18 years) _____ Date: _____

Dentist Signature: _____ Date: _____

Is there anything else we should know or any comments you would like to make?

Thankyou for your time and we look forward to helping you achieve 'Dental care for Life'.

