Phone: 9458 2783
Address: 32 Banksia St, Heidelberg, Vic, 3084
Email: info@banksiadental.com

NEW PATIENT INFORMATION FORM

In order to provide you with the highest standard of dental care, this practice is required to collect the following information. It is important for us to understand your general health and past medical and dental history, in order that we may plan your care appropriately.

Understandably, some of this information may be of a personal nature. We would like to assure you that we will safeguard this information in accordance with the guidelines issues by the Australian Dental Association, Dental Practice Board of Australia and the Privacy Act.

Please do not hesitate to ask should you have any questions regarding the information requested below.

Title .....

Full Name ..... Date of birth.....

Address.....Post Code .....

Home phone.....

Work phone.....

Mobile phone .....

email address.....

Your preferred contact method (tick) mobile☐ sms☐ home phone ☐

Mailing address (if different to above).....

Do you have dental health insurance? yes/ no Fund name .....

Card #.....

Are you covered by Veteran Affairs? yes/no File #.....

How did you hear about us? .....

If appropriate, who can we thank for referring you? .....

Contact in the event of an emergency: Name .....

Phone no.....

Once an appointment is booked with us, we will consider this confirmed and will make a courtesy reminder via your preferred method, as nominated above. Please note, failure to attend or should 24 hours notice of cancellation not be given, a fee will be charged. We appreciate your understanding in this regard.

banksia DENTAL

Phone: 9458 2783
Address: 32 Banksia St, Heidelberg, Vic, 3084
Email: info@banksiadental.com

MEDICAL HISTORY

Family Doctors Name.....Phone No.....

When was your last medical check up?.....

Are you allergic to any of the following? : (tick)

Penicillin	☐	Aspirin	☐	Codeine	☐
Erythromycin	☐	Ibuprofen	☐		
Tetracycline	☐	Latex/rubber	☐		

Please list any medication taken on a regular basis .....
.....

Are you taking bisphosphonate medication or any other medication to treat osteoporosis? yes/no

Do you have , or have ever had , any of the following medical conditions (tick)?

Heart problems	☐	Kidney disease	☐	Cancer/leukaemia	☐
Heart surgery	☐	Hepatitis- type	☐	Chemotherapy	☐
Heart murmur	☐	HIV /AIDS	☐	Radiation therapy	☐
Rheumatic/ scarlet fever	☐	Jaundice	☐	Cold sores	☐
High blood pressure	☐	Thyroid disease	☐	Steroid therapy	☐
Low blood pressure	☐	Ulcer /stomach disorder	☐	Hives/hayfever	☐
Prolonged bleeding	☐	Gastric Reflux	☐	Emphysema	☐
Cardiac pacemaker	☐	Diabetes	☐	Tuberculosis	☐
Heart Valve Disorder	☐	Eating disorder	☐	Epilepsy	☐
Artificial heart valve	☐	Osteoporosis	☐	Arthritis	☐
Artificial prosthesis	☐	Anaemia /blood disorder	☐	Severe headaches	☐
Asthma	☐	Neurological disorder	☐		

Are you a smoker? yes/no How many per day ?.....

Ladies, are you pregnant? yes/no , Are you undergoing fertility treatment ?yes/no

Is there anything else you feel we should know about your medical history?yes/no.....

banksia DENTAL

Phone: 9458 2783
Address: 32 Banksia St, Heidelberg, Vic, 3084
Email: info@banksiadental.com

DENTAL HISTORY

Your previous dentist/practice name .....

Your last check up .....

Your last treatment (other than cleaning).....

Have you had any cavities in the last three years?yes/no

When did you last have dental xrays ?.....

How often do you see a dentist ? .....months / .....years

What are your immediate concerns ?
.....

Are you particularly fearful of dental treatment ?yes/no.....

Do you have difficulty with dental anaesthetic ?yes/no.....

Have you had any complications during or after dental treatment?yes/no.....

Have you had prolonged bleeding or infection after having a tooth removed ? yes/no

Have you had orthodontic treatment ?yes/no , Name of the orthodontist ?.....

Have you had any oral surgery, ie. wisdom tooth removal? .....

Have you bleached / whitened your teeth ?yes/no; How long ago ? .....

Are you happy with the appearance of your teeth?yes/no

Is there anything you would like to change about your teeth or their appearance?
.....

Are your teeth sensitive to : heat ☐ cold ☐ biting pressure ☐ sweets ☐

Do your gums bleed when you brush and /or floss ? yes/no

Does food catch in between your teeth?yes/no

Do you grind your teeth or clench your jaws?yes/no

Have you worn a bite appliance / nightguard/ splint ?yes/no .....

Do you have pain/limited opening/locking or popping jaw problems ? yes/no

banksia
DENTAL

Phone: 9458 2783
Address: 32 Banksia St, Heidelberg, Vic, 3084
Email: info@banksiadental.com

Have you been diagnosed with gum/ periodontal disease?yes/no .....If so , who is your periodontist ?.....

Do you suffer from a dry mouth ?yes/no.....

Do you have any lumps or swelling in the mouth?y/n.....

Thank you for taking the time to provide us with this information .

Signature :.....Date :.....