



smilemakers

Your Health History

So we can ensure we are looking after your needs, please review and complete the following:

Surname: Mr Mrs Miss Ms Mx Dr

First Name: Date Of Birth:

Address: Postcode:

Preferred Contact Number: Alternative Contact Number:

Email:

Occupation: Recommended By:

Purpose Of Visit: Dental Insurance Company:

Emergency Contact: Relationship: Phone:

Is another member of your family a patient at our practice? Yes No

Have you had any of the following? Please tick if yes, leave blank if no.

- | | | |
|----------------------|---------------------------|----------------------------------|
| Any heart problems | Sinus Trouble | Anaemia or other Blood Disorders |
| High Blood Pressure | Tumor History | Excessive Bruising |
| Low Blood Pressure | Arthritis | Diabetes - Type 1 or Type 2 |
| Artificial Joints | Allergies to Penicillin | Asthma |
| Rheumatic Fever | Allergies to Anaesthetics | Liver or Kidney Problems |
| Circulatory Problems | Allergies to Latex | Hepatitis: A B C D E |
| Excessive Bleeding | Allergies to Medications | Radiation Treatment |
| Stomach Ulcers | (please list) | Epilepsy |
| Osteoporosis | | Dental Anxiety |

Are you pregnant? If yes, due date:

Any other health problems you would like us to know about?

Are you currently taking any medications? (including any medications for your bones/osteoporosis)

Please list:

NOT YOUR AVERAGE DENTAL PRACTICE

Smilemakers, 86 Railway Parade, Leura 2780

Ph 02 4784 2560 | Fax 02 4784 3788 | info@smilemakers.com.au | www.smilemakers.com.au

Dental History

Have you experienced any of the following

Yes No

Does your jaw click or hurt?

Do you feel you grind your teeth?

Have you ever had orthodontic (braces) treatment?

Do you wear a dental night guard?

Have you ever had periodontal (gum) treatment?

Have you ever had your bite adjusted?

Do you bite your lips or cheeks often?

Do you smoke?

Do you think you have occasional bad breath?

Do you experience sensitivity with hot or cold or sweet foods?

Do your teeth ever hurt when you bite hard?

Does floss ever tear between your teeth?

Does food get trapped between your teeth?

How often do you brush?

How often do you floss your teeth?

Is there anything else you would like us to know?

How often do you go to the dentist?

How long since your last dental appointment (New Patients Only):

A previous dental x-ray was taken:

Less than 1 yr

More than 1 yr

The name of your GP:

Address:

Consent for Treatment

1. I understand that x-rays, study models and photographs may need to be taken for accurate diagnosis.
2. I hereby authorise the dentist or authorised staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by the dentist to make a thorough diagnosis.
3. Upon such diagnosis, I authorise the dentist to perform all mutually agreed upon treatment and to employ such assistance as required to provide proper care.
4. I agree to the use of local anaesthetics as necessary. I fully understand that using anaesthetic agents embodies certain risks. I understand I can ask for a complete recital of any possible complications.
5. I agree to be responsible for payment of all services rendered on my behalf and on behalf of my dependants. I understand that payment is due at the time of service unless other arrangements have been made.
6. I understand that there is a 48 (business) hour cancellation policy.

I authorise that this data may be reviewed by team members of the dental practice.

Patient's Signature:

Date:

Parent/Responsible Party's Signature:

Relationship to Patient: