blackwaterdentalgroup

confidentialnew patientquestionaire

Surname . . . . First Name(s) . . . . Master/Miss

Address . . . .

Date of Birth . . . .

Mobile . . . . Other Phone. . . . .

Email Address. . . . .

Emerald Dental Group, gives courtesy SMS text 48 hours prior to all appointments

Would you prefer your appointment reminder via (please tick one or more) ◯ SMS ◯ PHONE ◯ EMAIL

Details of person to contact in an emergency

Name . . . . Phone . . . .

Medical History

Medical Doctor . . . . Phone (if known) . . . .

1. Are you at present taking any pain relief, drugs or medications? ◯ YES ◯ NO

If so, please note details . . . .

2. Have you experienced any allergies from any medications/anaesthetic/antibiotics? ◯ YES ◯ NO

Details . . . .

3. Have you ever had any of the following?

◯ Rheumatic Fever	◯ Overactive Thyroid	◯ Anaemia or other Blood Disorders
◯ Heart Trouble	◯ Underactive Thyroid	◯ Hepatitis/Aids/HIV
◯ High Cholesterol	◯ Gastric Problems	◯ Artificial Joints
◯ Asthma	◯ Bronchitis or Chest Problems	◯ Cold Sores
◯ Sinus Trouble	◯ High Blood Pressure	◯ Liver or Kidney Problems
◯ Epilepsy	◯ Low Blood Pressure	◯ Anxiety/Depression (please circle)
◯ Diabetes	◯ Circulatory Problems	◯ Allergies to Latex
◯ Severe Headaches	◯ Excessive Bleeding	◯ Cancer/Radiation Treatment

If necessary please specify . . . .

4. Any Other Conditions/Concerns

. . . .

. . . .

[CONFIDENTIAL]

bdq
blackwaterdentalgroup

confidential**new** **patient**questionaire

Dental History

1. **Name of last dentist** . . . .

   Dental Visit Frequecy ◯ 2x/year ◯ 1x/year ◯ Emergency Only

2. **When was your last set of dental x-rays taken?** . . . .

3. **When was your last oral health cleaning done?** . . . .

4. **If appropriate, I am changing dentists because:**
   - ◯ Recently moved to this area from . . . .
   - ◯ Dr/Staff personality/communication problem
   - ◯ To find a dental team who understands my needs
   - ◯ Different dentist at each visit
   - ◯ Inadequate Care
   - ◯ Health fund restricted dental clinic
   - ◯ Fee Concerns

5. **How did you first hear about us? (please tick the appropriate)**
   - ◯ Convenient location/Passing by/Walk in (saw practice sign from the road)
   - ◯ Google Search
   - ◯ EmeraldDentalGroup website
   - ◯ Family member already comes here (who?) . . . .
   - ◯ Referred by a friend (who?) . . . .
   - ◯ CQ News
   - ◯ Blackwater Herald
   - ◯ Google Plus
   - ◯ Yellow pages
   - ◯ Local Directories
   - ◯ Instagram
   - ◯ Facebook
   - ◯ Emerald Eagles Soccer Club
   - ◯ Harvest Life Church

Your health information will be treated with the upmost confidentiality. Disclosure will not be made to any person not involved directly with this practice, without your prior written consent. If you have any queries or concerns about the handling of your health information, please raise these concerns with our practice staff.

Appointment Policy

If you need to change or cancel your appointment with us for any reason, please kindly give at least 48 hours notice if possible, otherwise a cancellation fee may be incurred.

ACCOUNTS MUST BE PAID IN FULL ON THE DAY OF TREATMENT

Patient/Parent/Guardian . . . . Date . . . .

Authorization

I certifty that I have read and answered the above questions to the best of my knowledge. I understand that my failure to disclose all relative health information may be dangerous to my health and treatment outcomes. I agree that any necessary examinations and records be taken for an accurate diagnosis of my current dental situation.

Patient/Parent/Guardian . . . . Date . . . .

[CONFIDENTIAL]