

**confidential patient
update questionnaire**

Surname First Name(s) Dr/Mr/Master/Mrs/Miss/Ms
 Address
 Date of Birth Occupation
 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. Have you received any medical treatment over the past 12 Months? YES NO
 Details
2. Have you been a patient in hospital during the past 12 months? YES NO
 Reason
3. Have you any changes in your prescription medications? YES NO
 If so, please note details
4. Ladies, Are you pregnant? YES NO
 If so how many weeks

Dental History

1. What best describes your current situation:
- I want a complete examination and I'm aware that work needs to be done
 - I'm having pain and need immediate assistance
 - I'm in great shape and I just need my teeth cleaned as soon as possible.
2. Are you interested in exploring any of these options?
- | | | |
|---|---|--|
| <input type="radio"/> Ways to reduce or eliminate periodontal disease/surgery | <input type="radio"/> Invisalign - invisible orthodontic aligners | <input type="radio"/> At home whitening |
| <input type="radio"/> Deep whitening | <input type="radio"/> The best dental home care system | <input type="radio"/> Information on helping snoring or sleep apnoea in your home |
| <input type="radio"/> Sedation dentistry options | <input type="radio"/> Smile makeovers - smile analysis and design | <input type="radio"/> Why dental infections cause heart and other diseases |
| <input type="radio"/> Help with jaw alignment problems and jaw pain | <input type="radio"/> Rehabilitation of heavily worn teeth | <input type="radio"/> Interceptive Orthodontics/ Traditional Braces (Dr Christy)
<small>Please circle</small> |

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