

**confidentialnew  
patientquestionnaire**

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?**

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

If necessary please specify .....

**4. Any Other Conditions/Concerns**

.....  
.....

**Dental History**

1. Name of last dentist .....

Dental Visit Frequency  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 utmost 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 certify 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 .....