

WELCOME TO BEAUTIFUL SMILE DENTAL

Thank you for choosing us to look after your dental health

Please answer the following questions to help us provide you with the highest standard of care.

All information will be kept Confidential .

Surname:.....First Name

Title Mr/Mrs/Ms /Miss/Mst. (Please circle) Date of Birth:.....

Home Address:

OCCUPATION: Employer's Name.....

Telephone No: Home.....

Work.....

Mobile.....

Email.....

How did you hear about our practice (eg. Friend or relative referral, yellow pages health fund)

Do you have private health insurance for dental treatment? YES/NO

If yes, Name of fund.....

HAVE YOU HAD ANY OF THE FOLLOWING? (please circle YES or NO)

Diabetes.....	YES/NO	Heart Trouble.....	YES/NO
Asthma.....	YES/NO	Heart Murmur....	YES/NO
Thyroid Problems	YES/NO	Heart Valve Ailments	YES/NO
Glaucoma....	YES/NO	High Blood Pressure..	YES/NO
Cancer...	YES/NO	Rheumatic fever	YES/NO
Kidney diseases	YES/NO	Hepatitis	YES/NO
Chemotherapy...	YES/NO	Gastric reflux	YES/NO
Depression..	YES/NO	Radiotherapy.....	YES/NO
Tuberculosis	YES/NO	Epilepsy	YES/NO
Stomach /Bowel Problems	YES/NO	Osteoporosis	YES/NO
Do you smoke	YES/NO		
How many per day		

My Medical practioner's name is

Do you have any allergies? Please list

Are you taking any drugs, medicines, or tablets YES/NO

Please List.....

Female Patients Are you pregnant? Due date?.....

WHICH OF THE FOLLOWING ARE YOUR DENTAL CONCERNS? (please circle YES or NO)

Discoloured teeth	YES/NO	Missing teeth	YES/NO
Sensitivity to Hot/Cold	YES/NO	Pain /Infection	YES/NO
Frequent Headaches	YES/NO	Unsatisfactory denture	YES/NO
Worn/Broken Teeth	YES/NO	Lost/Broken fillings	YES/NO
Toothache	YES/NO	Replacement of amalgam	
		(Silver) fillings	YES/NO

How long has it been since you last visited a dentist

Person responsible for account.....

I understand that payment of the account is my responsibility and that the health fund (if any) will not cover the full amount. I undertake to pay any further expenses incurred resulting from my default on overdue account.

Signature of person paying the account:.....Date:.....