GLEN FORREST **Dental**care

4 Hardey Road Glen Forrest WA 6071
Tel: 9298 8187 Fax: 9298 9661
Email: info@glenforrestdental.com.au
Website: www.glenforrestdental.com.au

Name: ______________________ Preferred Name: ______________ Sex: M / F

Postal Address: ______________________ Date of Birth: ______________________

______________________ Mobile: ______________________

Email : ______________________ Home Phone: ______________________

What is your occupation? ______________________ Work Phone: ______________________

Person responsible for your account? ______________________ Sign: ______________________

Do you have health insurance for Dental? **NO / YES, f**und name & number: ______________________

Who is your medical Doctor? ______________________ Phone: ______________________

Emergency contact? ______________ Relationship: ______________ Phone: ______________

Do you have injections for dental treatment? ALWAYS NEVER SOMETIMES ASK ME FIRST

Have you ever had a problem with injections? **YES / NO** Details: ______________________

Local Anaesthesia may cause nerve damage, if it happens, is usually temporary, and will get better over a period of weeks to months. Damage may cause weakness and/or numbness of the body part that the nerve goes to. Permanent nerve damage rarely happens. Other side effects are: bruising, infection, needle breaks, failure of anaesthesia, seizures and cardiac arrest.

Are you taking any medications? **YES / NO** Details: ______________________

Medical History	**Never**	**Past**	**Present**	**Details**
Had a bad reaction to medication				
Allergies/Hypersensitivities (latex)				
Suffer from asthma				
Blood pressure – high				
Blood pressure – low				
Blood/bleeding disorder				
Heart conditions/problems				
Pacemaker/Prosthetic heart valves				
Rheumatic fever				
Prosthetic implants (hips/knees)				
Have diabetes				
Epilepsy				
Gastric acid reflux				
Osteoporosis				
HIV or hepatitis				
Do you smoke				
Are you deaf				
Do you have any special needs				
Other conditions				
Females - Are you pregnant	Yes	No	Unsure	

ALL INFORMATION IS CONFIDENTIAL

Sign: ______________________________ Date: ______________________

We would like to get to know you.

Name: ______________________ Date of birth: ______________________

How did you hear about Glen Forrest Dental Care? ______________________

The reason for your visit today? ______________________

____

How do you feel about visiting the dentist? (Mark **X** on the line) Calm-- Tense

When was your last dental visit? ______________________

We advocate a preventative approach to dentistry. Therefore, we recommend an examination and clean every 6-12 months. How often are you used to attending the Dentist? ______________________

How would you rate your previous dental experiences? VERY GOOD / GOOD / BELOW AVERAGE / POOR

Why do you give your previous experience this rating? ______________________

____

Do you want us to discuss our interest free DentiCare payment plan options with you? YES / NO

How often do you brush your teeth? OCCASIONALLY / ONCE DAILY / TWICE DAILY Do you floss? YES / NO

Do you use an electric or manual toothbrush? ______________________

How would you rate the condition of your teeth and gums? GOOD / ACCEPTABLE / BELOW AVERAGE

Do you like the general look or aesthetics of your teeth? YES / NO. If no, why? ______________________

____

Do you wear dentures? YES / NO. If yes, do you struggle with wearing or eating with your dentures? YES / NO

Do your gums ever bleed when you are brushing your teeth? YES / NO

Are you a smoker? YES / NO Have you been a smoker in the past? YES / NO

Do you ever clench or grind your teeth? YES / NO ______________________

Do you ever experience a locking or clicking jaw? If yes, how often? YES / NO ______________________

Do you have any oral piercings? If yes, please list them: ______________________

Have you had your wisdom teeth extracted? YES / NO

Have you had orthodontic treatment? YES / NO. If yes do you wear a retainer? YES / NO

Sign: ______________________ Date: ______________________

ALL INFORMATION IS CONFIDENTIAL