



**PERSONAL DETAILS**

Please circle (Mr, Mrs, Ms, Miss, Mst, Dr, Prof) DOB..... / ..... / .....

First Name ..... Middle Name ..... Surname .....

Address .....

Suburb ..... Postcode .....

Phone (Home) ..... (Work) ..... (Mobile).....

Email Address .....

Occupation..... Company.....

Emergency Contact Name ..... Phone .....

GP's Name and Location .....

Health Fund Name ..... Dental Benefits  Yes  No

If you are under 16, please name your parents/guardians .....

**HEALTH DETAILS**

List all current medication.....

.....

Do you have, or have you ever had any of the following conditions? **PLEASE LIST DETAILS OF CONDITION**

- Yes  No Allergies (e.g. Penicillin, sulphur, codeine, latex) (please specify).....
- Yes  No Artificial Joints (e.g. Hip or knee replacement) .....
- Yes  No Autism, ADHD or Spectrum Disorder .....
- Yes  No Bone Disorders (e.g. Osteoporosis, Paget's Disease, Cancer of bone).....
- Yes  No Cancer or tumour.....
- Yes  No Diabetes .....
- Yes  No Epilepsy or other Neurological Disorder .....
- Yes  No Fainting or dizziness.....
- Yes  No Infectious Condition (e.g. Hepatitis B or C, HIV/AIDS).....
- Yes  No Heart Problems (e.g. Heart attack, angina, stroke, murmur) .....
- Yes  No Heart Surgery (e.g. By-pass, valve replacement, pacemaker).....
- Yes  No High or low blood pressure (please specify) .....
- Yes  No Kidney or liver disease .....
- Yes  No Mental health issues .....
- Yes  No Radiation treatment to head or neck .....
- Yes  No Respiratory problems .....
- Yes  No Sinus problems.....
- Yes  No Have you ever taken a bisphosphonate? (e.g. Actonel, Zometa, Fosamax, Prolia, etc) .....
- Yes  No Do you take blood thinners? (e.g. Aspirin, Plavix, Warfarin, Clopidogrel, etc) .....
- Yes  No Do you bruise or bleed easily after injury? .....
- Yes  No Do you smoke or use other forms of tobacco? (Number per day).....
- Yes  No Are you, or do you suspect you may be pregnant? .....
- Yes  No Are you breast feeding? .....

Is there anything else you can tell us about your general health? .....



**Please identify how you found out about us.**  Word of mouth  Family attend  Facebook  Community events  
 Internet/Google  Street/Signage  Other (please specify) .....

**YOUR DENTAL HISTORY**

What is the key reason why you have come to see a dentist today?  Relief of pain  General oral health care

How long is it since you have seen a dentist? .....

How long has it been since you have had dental x-rays?.....

Does food catch regularly in particular places between your teeth?  Yes  No

Do your gums bleed when brushing?  Yes  No

Are any of your teeth loose?  Yes  No

Are any of your teeth sensitive to hot, cold, pressure or tooth brushing?  Yes  No

Are you aware of grinding or clenching your teeth?  Yes  No

Do you have clicking or pain in the jaw joints?  Yes  No

Do you snore or have sleep apnoea?  Yes  No

Is there anything you dislike about the appearance or colour of your teeth?  Yes  No

Have you ever seen a Dental Specialist? (e.g. Periodontist, Endodontist, etc)  Yes  No

Have you had your wisdom teeth removed?  Yes  No

Have you ever seen or plan to see an Orthodontist?  Yes  No

**Please tick below which oral hygiene aids you use**

- Toothbrush  Electric toothbrush  Dental Floss  
 Interdental Brushes  Mouthwash  Other .....

**How do you feel about having dental treatment at this surgery today?**

Extremely Nervous  Moderately Nervous  Mild case of Nerves  Relaxed and Confident

**CONSENT AND ACKNOWLEDGEMENT**

- I, the undersigned, consent to dental procedures, including oral surgery, as agreed (including both necessary and recommended) together with the use of anaesthetics as required.
- I acknowledge I am responsible for the fees for the procedures performed and that these are to be paid on the day of treatment.
- I acknowledge that clinical facilities will be allocated for a scheduled appointment and that a fee may be applied when I fail to attend or fail to give 24 hours notice of my inability to attend.
- I authorise The Happy Tooth to communicate with me by phone, email & SMS. I also authorise this information being used for promotional activities by The Happy Tooth including review invitations.
- I require my personal information to be respected in accordance with The Happy Tooth privacy policy.

At The Happy Tooth we have a philosophy that prevention is better than cure. As a courtesy we endeavour to introduce a 6 monthly preventative recall program.

.....  
 Patient/Guardian Signature

.....  
 Date of Signature