

# Welcome to PERTH CITY DENTAL SURGERY

Please complete this Confidential Questionnaire

Mr / Mrs / Ms / Miss / Mstr / Dr / Rev / Fth / Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Post Code : \_\_\_\_\_

Contact Numbers : (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email : \_\_\_\_\_

Occupation : \_\_\_\_\_ Place of Employment : \_\_\_\_\_

Name/s of Person Responsible for paying your accounts : \_\_\_\_\_

Do you have Private Health Insurance? YES / NO If YES, which fund ? \_\_\_\_\_

I will pay by : Health Fund \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ EFTPOS \_\_\_\_\_

Have you had any of the following: **Please tick**

Angina	Epilepsy	High risk of HIV	Stroke – What Year?
Asthma	Hepatitis	Malaria	Heart Attack – What Year?
Back Complaints	Heart Ailments	Osteoporosis	Joint Replacement – What Year?
Blood pressure (high or low)	Heart Murmur	Rheumatic Fever	Radiation Therapy – What area?
Diabetes	Cardiac Pacemaker	Gastric Ulcer	Do you require antibiotic cover for dental treatment?
Blood Disorders	Hayfever	Smoke – How Many?	

Other : \_\_\_\_\_

Ladies – Pregnant? Expected due date? \_\_\_\_\_

Have you had a reaction to Local Anaesthetics? \_\_\_\_\_

Do you have any Drug Allergies? \_\_\_\_\_

Are you currently receiving medical treatment? \_\_\_\_\_

Details of treatment : \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_

***I understand failure to complete Medical Information may place myself and others at medical risk***

***I give my consent to receive Dental Treatment by my nominated Health Care Provider***

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(Parent or Guardian to sign if under 18 years)

How did you hear about Perth City Dental Surgery? \_\_\_\_\_

If so, whom may we thank for referring you to Perth City Dental Surgery? \_\_\_\_\_

When was your last visit to the Dentist ? \_\_\_\_\_

The reason you have made this appointment? \_\_\_\_\_

In accordance with the Privacy Act 2001, the only time we reveal any of your personal details is when we have to refer you to a Specialist (Dental/Medical), Debt Collection Agency, for General Anaesthetics (Hospital and Anaesthetist/s)