RICCARTON DENTAL STUDIO

PATIENT FORM

Welcome to our practice. Thank you for answering the following questions. Your personal information will be kept confidential, and it will only be used to give you our best attention.

Patient Particulars

Title..... First Name: ..... Date of Birth: ...../...../.....

Last Name: ..... Preferred Name: .....

Address: ..... Suburb: .....

Town: ..... Postcode: ..... Occupation:.....

Phone# Mobile: ..... Work: ..... Home:.....

Email: ..... School Name (Under 18):.....

Medical History

Do you suffer from any of the following? (Tick to indicate)

- ❑ Excessive Bleeding
- ❑ High blood pressure
- ❑ Cardiac pacemaker
- ❑ Artificial heart valve
- ❑ Heart murmur
- ❑ Arthritis
- ❑ Prosthetic implant
- ❑ Rheumatic fever
- ❑ Diabetes
- ❑ Kidney disease
- ❑ Anaemia
- ❑ Asthma
- ❑ Stroke
- ❑ Epilepsy
- ❑ HIV/AIDS virus
- ❑ Thyroid disease
- ❑ Parkinsons
- ❑ Hepatitis A B C D
- ❑ Nervous condition
- ❑ Depression
- ❑ Tuberculosis

Other Conditions: .....

Medication List: .....

Current GP: ..... Surgery Name:.....

Have you ever smoked/vaped? Yes/No If so, how many per day? ..... Age started? ..... Do you still smoke/vape? Yes/No

Do you have any allergies (e.g. latex, penicillin)? Yes/No If yes, please list allergies: .....

For Females, are you pregnant? Yes/No, If Yes, Expected Due date? _____

Are you required to take antibiotics before dental treatment? Yes / No
Have you had a prior unfavourable reaction to local anaesthetic? Yes / No

Do you give permission to use AI digital transcription to assist in accurate clinical note taking? Yes/No

Dental History

Please list any concerns that you have about your teeth or mouth: .....

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When was your last dental visit?..... How often do you floss?.....

On a scale of 1 to 10 (10 being very anxious) how anxious do you feel about your appointment? .....

How did you hear about us? .....

Are you eligible for WINZ support? Yes / No

Payment is required on the day of your appointment. You will be liable for any collection costs incurred.

Patient Signature ..... Date .....