

Welcome to Frenchs Forest Dental

Title:..... First Name:..... Surname:.....

Preferred Name:..... Date of Birth:.....

Address:.....

Mobile Number:..... Email Address:.....

Occupation/School:..... Private Health Insurance:.....

How did you hear about us:.....

The Main Issue you would like addressed today:.....

Last Dental Visit:..... Details:.....

Last Dental Check-up and professional Clean:..... Last Dental X-rays:.....

Wisdom Teeth Removed Y | N | Not Sure

Do your teeth feel sensitive in general Y | N | Not Sure

Do you think you might clench or grind your teeth Y | N | Not Sure

Had chipped / broken teeth restored in the past Y | N | Not Sure

Do you experience jaw-clicking/soreness Y | N | Not Sure

Have you had braces Y | N | Not Sure

Have you ever had teeth whitening Y | N | Not Sure

Do the gums bleed during brushing and flossing Y | N | Not Sure

What type of toothbrush is being used Electric | Manual

Have you noticed any gum recession Y | N | Not Sure

Are there any large silver fillings in the back teeth Y | N | Not Sure

Food getting stuck between teeth Y | N | Not Sure

Difficulty chewing food Y | N | Not Sure

Any Missing Teeth Y | N | Not Sure

Any existing dentures Y | N | Not Sure

Root Canal Treatments Y | N | Not Sure

Medical History

Please list current medications (*bone medications, blood thinners, antibiotics):

Hospitalised in the last 2 years Y | N Details:

Heart (Please circle): Prosthetic Heart Valve Valvular Dysfunction Pacemaker Arrhythmia Palpitations

Details:

Thyroid: Hyperthyroid Hypothyroid

Known Allergies:

Reaction to Local Anaesthetic: Y | N Reaction to Any Dental Material or Treatment: Y | N

Pregnant: Y | N Months: Breastfeeding: Y | N

Blood Pressure: Y | N Under Control: Y | N Last Blood Test:

Details:

Bleeding Disorder: Y | N Details:

Blood Thinners (*Aspirin, Plavix):

Warfarin: Y | N Last INR:

Diabetes: Y | N Insulin-dependent Y | N Blood Sugar levels:

Chemotherapy: Y | N Details:

Auto-immune Disorder: Y | N Details:

Hepatitis: HIV: Y | N Stomach Ulcer: Y | N Reflux: Y | N

Astma: Y | N Details: Puffer available today: Y | N

Hip/Knee Replacement: Y | N Details:

Regular GP: Contact:

Any Other Information:

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