OPENWIDE - Papanui Dental Centre

Confidential for clinical and office records

Name: _____

Date of Birth: _____

Address: _____

_____

Phone: (Home) _____ **(Mobile)** _____

Email: _____

Have you been referred or recommended by family or friends to this clinic, if yes by whom? _____

Do you have dental insurance? Yes / No

Occupation/Name of school: _____

Employer: _____

GP Name: _____

Medical practice: _____

Are you currently pregnant? Yes / No **(*if yes, how many weeks*)** _____

Are you presently receiving any medical treatment? Yes / No

Are you currently taking any medication? Yes / No **(*if yes please name here*)** _____

_____

Have you got any allergies to medications that you are aware of? Yes / No

(***If yes, please name***) _____

Have you ever had a bad reaction to anaesthetic? Yes / No

Have you ever had one of the following? (***Please circle***)

Epilepsy	Rheumatic Fever	Anaemia	History of Heart Problems or Heart Surgery
Diabetes	High Blood Pressure	Asthma	Kidney Trouble
Gastric Problems	Arthritis	Hepatitis A, B or C	Cold Sores
Depressive Illness	Bronchitis	Chest Pains	Drug Dependence
Tuberculosis (TB)	Severe Headaches	Thyroid Problem	Artificial Joint

If you have circled any of the above, please provide details below.

_____

_____

Are there any other aspects of your health that you think we should know about?

_____

If you need to cancel your appointment, please advise us 24 hours beforehand or a fee of $54 per half hour will be charged. *This is subject to change with increases. Payment is required at the time of treatment. If not paid within 5 days an administration fee of $20 will be added, and monthly thereafter. Our debt collection agency may charge a fee equal to 25% of the unpaid portion of the invoice plus GST and any other legal and collection costs. The minimum fee will be $25. ***Starting from April 1st 2016 any payments made via credit card will incur a 2% extra charge.**

Signed: _____ **Date:** _____