

Smileplus Suite 1205/Level 2, Tower 1, Southport Central, 56 Scarborough St,

Southport

Dr Stephen Coulson B.D.Sc – Dentist

Janet Stephens – Dental Hygienist

(PLEASE CIRCLE)

Mr Dr Mrs Ms Miss; Surname:..... Given Name:.....

Address:.....

.....Postcode:Date of Birth:...../...../.....

Contact Details: Home: Mobile: Business:.....

Email: Employer:

Best for Confirmation? phone email text message Best contact no? home mobile business

Dental Insurance Fund (specify).....Veterans Affairs #.....

How did you find us? (CIRCLE) Internet / Yellow Pages book / Yellow Pages online / Personal Referral / Health Fund / Facebook / Instagram

Personal Referral? (name)

How can we help you today?

How anxious does a visit to the dentist make you? (from 1-10, 1 being lowest, 10 highest).....

Are you happy with your smile? Yes No

If not, what are you unhappy about? Colour 'Crooked' teeth Missing teeth Other

If you could wave a magic wand, what would you do to change your smile?.....

Medical History: (please circle Yes or No on all questions)

| | | | |
|--|------------|---------------------|----------|
| Hepatitis A B or C: (please indicate) | Yes / No. | Asthma: | Yes / No |
| HIV positive: | Yes / No. | Blood Disease | Yes / No |
| Exposure to Hepatitis or HIV: | Yes / No. | Diabetes: | Yes / No |
| Kidney Disease: | Yes / No. | Rheumatic Fever: | Yes / No |
| Vascular Disease: | Yes / No. | Epilepsy: | Yes / No |
| Heart Murmur: | Yes / No | Arthritis | Yes / No |
| Liver Disease: | Yes/ / No. | Smoker | Yes / No |
| High Blood Pressure: | Yes / No | Photoreactive Drugs | Yes / No |
| Pregnant and or Lactating: | Yes / No. | | |
| Transplants: (eg: Heart Valves / Joint Replacements / Hip or Knee) | Yes / No | | |
| Drug Allergies: (eg: Penicillin / Sulphur etc.) | Yes / No | | |
| Blood thinning medication: (eg: Warfrin / Aspirin) | Yes / No | | |
| Hypersensitivity: (eg: Latex etc) | Yes / No | | |

MEDICATIONS: (PLEASE LIST)

As part of your dental records we would like to take photographs of your face and teeth.

Details of above conditions or any others not indicated:

G.P.: Phone No:

NEXT OF KIN: Phone No:

I AM AWARE THAT PAYMENT IS REQUIRED AT TIME OF APPOINTMENT.

Signature: Date: