Welcome to our Practice!

Here at AM Dental, our entire team prides itself on our facilities and the standard of dental care we provide for our clients. We feel privileged that you have chosen us to look after your dental needs. We strive to exceed your expectations in all that we do and if you think there is anything we can do to improve your experience with us, your feedback is always welcome.

Part of our commitment to our clients is to help them get the most from their teeth and their smile. We also recognise that people have different expectations from their teeth, so please take a few minutes to complete the following questionnaire. This will help us to tailor our treatment program to suit your special needs.

PERSONAL DETAILS:

Dr / Mr / Mrs / Ms / Miss / Master

_____(Full Name)

Address (include Postcode)

_____

Home Phone_____ Work Phone _____ Mobile _____

Email Address_____

Occupation _____ Date of Birth_____

Medicare No. _____Patient No._____Expiry._____

How did you hear about us?

Existing Client Referral Y/N Name_____

OR
(please circle)

A Location/Visibility B Availability C Internet Search

D Other_____

MEDICAL DETAILS:

Are you currently taking any medication? Y/N

If YES, please list name and dose of medication/s

_____
_____

Have you ever had a reaction to Local Anaesthetic during a dental procedure? Y/N

Have you ever had an allergic reaction to any medication? Y/N

If YES, please list name of medication/s you are allergic to

_____
_____

Have you ever had an allergic reaction to Latex/Rubber products? Y/N

Please circle if you have problems with any of the following:

Heart / Vascular disorder? If YES, give exact condition _____

If YES, is antibiotic cover required for your Dental Treatment? _____

Do you smoke? Y/N If YES, approximate number per day ____

<u>Do you suffer from any of the conditions below? (please tick as applicable)</u>

Excessive Bleeding____ High Blood Pressure____ Low Blood Pressure ____

Diabetes____ Rheumatic Fever____ Epilepsy ____ Liver / Kidney Disease____

Asthma____

To enable us to diagnose particular dental problems, we will sometimes recommend that dental x-rays be taken.
If you are female, are you or is it possible that you are currently pregnant? Y/N

Is there any other medical information that you feel we should be aware of?

_____
_____

<u>PAYMENT DETAILS</u>:

Please note that payment for ALL dental services is required at the time of treatment. We do not give out accounts. This means we are better able to spend time improving our service to our clients.

We can process Private Health Insurance Claims electronically, at the time of your treatment, for most Health funds. This is done via our electronic HICAPS system. This means that if you are privately covered for your dental treatment, in most cases you will only need to pay the "GAP". Just make sure you bring your Health Fund Card with you at each visit.

Do you have Private Insurance with "Dental Extras"? Y/N

Fund Name_____

If you do not have Private Dental Insurance, we accept payment via the following methods:

CASH or EFTPOS (Debit Card, Visa, Bankcard, Mastercard)
(Unfortunately, we are unable to accept personal cheques)

Please ask our Client Services Team for assistance if you would like estimates on the costs of your dental treatment and we are happy to provide these for you prior to each visit.

If any of the information given regarding Payment for your Dental Treatment is a concern for you, please discuss with our Client Services Team, PRIOR to your dental treatment today.

OUR PRIVACY COMMITTMENT

The personal Health Information you provide during your consultation and subsequent treatment is collected for the purpose of providing high quality dental care. This Practice is committed to protecting your privacy and this information is generally only disclosed to other members of your Treatment Team where necessary. It will, however be disclosed to other organizations where required by law or if necessary for debt recovery purposes. You may gain access to information about you held by this Practice by contacting our Practice Administrator on 9743 6565.

Please provide your signature as acknowledgment of the information you have provided to us and the information you have read.

_____ _____

Signed **Date**

Thank you, and we look forward to being able to provide you with our very best service and care every time you visit us!

TREATMENT QUESTIONNAIRE:

The following questions are designed to help us ascertain your specific dental needs. They will only take a couple of minutes to answer. We really appreciate your assistance and feedback in completing this Questionnaire.

Why did you stop seeing your previous dentist? (please circle any applicable)

A. My dentist has moved B. I have moved C. My dentist unavailable

D. Procedures uncomfortable E. Too expensive F. Unfriendly environment

G. Didn't meet my needs

Other reasons_____

When you came to see us today, were you in pain? _____

When (approximately) was the last time you saw a dentist?_____

Which of the following best describes your dental needs:

A . I only ever go to the dentist when I have a problem and I am not interested in having a dental examination or pursuing further treatment at this stage apart from my immediate problem.

B. I usually only go to the dentist when I have a problem, but this is mainly because I haven't found a regular dentist yet. I would prefer to know if I have cavities which need to be treated but I have trouble motivating myself to continue my treatment. I would like to attend the dentist more regularly.

C. I prefer to attend the dentist regularly and like to keep up to date with regular dental examinations and cleans. Dental health is important to me and I don't like to leave dental problems untreated.

If you could "Wave a Magic Wand", what would you change about your teeth and/or your SMILE?

_____
_____
_____

Please tell us anything else you think may help us to provide the dental care you are looking for:

_____
_____
_____

We thank you for completing our Questionnaire. We feel privileged that you have chosen us to look after your dental needs and once again, welcome to our Practice!