

Greenwith Family Dental

222 Target Hill Road, Greenwith SA 5125 Ph: 08 8289 6788

We would like take this opportunity to welcome you to our practice – **Greenwith Family Dental**.

We also thank you for allowing us to look after you in our most professional and efficient manner. We emphasise a preventative approach to your dental management, realising that through correct education and oral hygiene guidance, future dental problems may be minimised.

Dentistry has changed a great deal over recent times, with new materials and techniques being continually developed. During your visit today it will be obvious that we are in the forefront of these changes.

What is the reason for your visit today?

SURNAME:..... GIVEN NAMES:..... TITLE:

PREFERRED NAME:

Date of Birth:...../...../..... GENDER:

Address:.....

Phone No. (Home)(Mobile)(Business).....

(If under the age of 18: Mothers Name Fathers Name

Occupation: Employer:.....

Emergency Contact:.....G.P:.....

Are you a member of a health fund? Y N If yes, Name of Fund:.....

How were you referred to our practice?

Passing by From an existing patient (If so who?).....

Yellow Pages Other (Please specify)

Please find below some important questions for which we need your true and correct answers in order to enable us to give you our utmost care and attention while you are in our practice.

Have you ever had or are suffering from any of the listed conditions?

	YES	NO	IF YES PLEASE ELABORATE
Are you a Smoker			
Rheumatic Fever			
High Blood Pressure			
Heart Complaint / Defect			
Diabetes			
Epilepsy			
Asthma / Breathing Difficulties			
Tuberculosis			
Excessive Bleeding			
Liver / Kidney Complaint			
Thyroid Complaint			
Hepatitis / HIV			
Do you have any artificial joints			
Chemotherapy			
Allergies / Adverse reactions			
Are you pregnant			
Are you taking any tablets or medicines			PLEASE LIST OVERLEAF
Do you take any medication for your Bones			
Any other serious illness			

Your personal information is collected for the purposes of maintaining your medical/dental record and /or contacting you on matters relating to your Dental health. Information is confidential and is not disclosed to any non dental third parties without prior consent. A full copy of our Privacy Policy is available from reception.

It is the policy of this practice that accounts are paid on the day treatment is provided.
 All the above information is correct to the best of my knowledge and in the event of a collection process being initiated I agree to pay all costs incurred in such time as all debts are cleared to **Greenwith Family Dental**.

Signature:.....

Date:

