New Patient Form

Yep! Another annoying form to fill out #sorry!

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Title:	
Surname:	Given names:
Preferred name:	DOB: / /
Home telephone:	Mobile:
Address:	
Work phone:	Email:
Private health fund:	Membership number:
Patient ID (next to name on card):	
Medicare number:	Patient ID:
Occupation:	Employer:
Work phone:	

How did you find out about us? (If it was an existing patient, please provide their name, so we can thank them)

MEDICAL HISTORY

Name, address and contact number of current Medical Practitioner:

Y N Are you allergic to anything? If Yes, what ?

Y N Is it anaphylactic? Y N Do you carry an EpiPen?

Y N Do you give us permission to administer it if you have an allergic reaction?

Y N Do you take any drugs / medications / supplements / vitamins regularly?

If yes, please list all and the reason you take them:

To the best of your knowledge do you or have you ever had:

- ☐ Anxiety / Depression
- ☐ Arthritis
- ☐ Asthma
- ☐ Autism
- ☐ Blood disorders
- ☐ Cancer
- ☐ DVT
- ☐ Epilepsy
- ☐ Hearing impairment
- ☐ Heart disease
- ☐ Heart murmur
- ☐ Hepatitis A, B, C
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ HIV / AIDS
- ☐ Kidney issues
- ☐ Low blood pressure
- ☐ Lung issues
- ☐ Osteoporosis
- ☐ Pacemaker
- ☐ Prosthetic heart valve
- ☐ Psychiatric diagnosis
- ☐ Rheumatic fever
- ☐ Recent / pending surgery
- ☐ Stroke

☐ Diabetes (Type? How is it managed?)

Y N Have you had cardiac surgery or a joint replacement in the last 12 months? If Yes, do you require antibiotic cover prior to dental treatment?

Y N Do you experience dental anxiety? If yes, is there anything we can do to help?

New Patient Form pg2

Nearly there... we promise

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Y N Any other medical issues not stated above? If yes, please list:

Y N Ladies, are you pregnant? If yes due date

Y N Are you a smoker? If yes approx how many a day?

Y N Do you have bleeding gums?

Y N Do you have any loose teeth?

Y N Are you happy with the appearance of your teeth?

Y N Do you have any pain or sensitivity?

When did you attend a dentist last?

What is your main reason you have made an appointment with us today?

Do you consent to receiving communication about upcoming appointments via SMS? Y N (please circle)

By placing my signature below, I certify the information I provided on and in connection with this form is true, correct and no medical infomation has been withheld to the best of my knowledge

Full Name Signature Date / /

Keepin' it Real

Missed Appointment Policy

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At Beachside Dental Studio, we understand that your time is valuable and we try our best to always run on time. Likewise, your commitment begins when you make an appointment with us so we ask that you to make an appointment at a time you can be sure to attend. If for some reason, you are unable to attend your scheduled appointment, we ask that you give as much notice as possible so that someone else may benefit from the time slot. Our policy at Beachside Dental Studio is that appointments missed or changed without 4 hours notice will attract a $50 fee. If the appointment is longer than 60 minutes, the fee will be $75.

We understand that circumstances change, so if you do miss an appointment, we will remind you of our policy and waive the first fee. However, if it happens again, missed appointments will attract a fee.

Please sign below to show that you understand and agree to the above policy.

I agree to payment of my account on the day unless previously arranged and understand any outstanding accounts may incur additional fees for debt recovery which I understand I will be responsible for.

Name Signature Date / /

If applicable, please name the dependant you're signing on behalf of

thanks for understanding

Patient Records Request

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If you would like your records and X-rays sent from your previous dentist, please complete the following:

You may include additional family members if you wish.

Name: DOB: / /

Name: DOB: / /

Name: DOB: / /

Name: DOB: / /

Name: DOB: / /

Address:

Previous Dental Practice: Suburb:

Phone number (if known):

I would like to request my dental records including notes and radiographs be forwarded to Beachside Dental Studio

as soon as possible at info@beachsidedentalstudio.com

Thank you in advance.

Signature Date / /

Keepin' it Real

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