auckland periodontics + implants

Confidential New Patient Registration & Health Questionnaire

PERSONAL DETAILS

Surname	First Name
Address	
Phone (mobile)	Email
Date of Birth	Occupation
Referred By	Medical Doctor
ACC #	Date of Accident

MEDICAL HISTORY

	Y	N	*If yes, please state why:*
1. Are you receiving any medical treatment at the present time?			
2. Have you been admitted to hospital in the last 2 years?			

3. Have you had, or do you currently have, any of the following? **Tick (√) all that apply:**

Heart condition		Diabetes		Anaemia	
Rheumatic fever		Kidney problems		Bleeding disorder	
High or low blood pressure		Hepatitis A, B, or C		HIV	
Chest problems		Gastric problems		*Other, i.e. cancer treatment:*	
Asthma		Epilepsy			

	Y	N
4. Do you have Osteoporosis or Osteopenia / low bone density?		
5. Have you ever experienced excessive bleeding or bruising from cuts, scratches or dental treatment?		
6. Have you ever had a reaction to anaesthetic?		
7. Are you taking any tablets, medicines or drugs? *If yes, please list all:*		
8. Have you any allergies that you are aware of? *If yes, please list:*		

9. Have you ever been a smoker?	No, never		Yes, but I quit		Yes, I smoke	
10. Are you pregnant or breastfeeding?	Yes		No		N/A	

If pregnant, when are you due?

FURTHER INFORMATION

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

CONSENT

The medical history I have given is true and correct to the best of my knowledge.

I am happy for my anonymised records to be used for education purposes.

PAYMENT AND CANCELLATIONS: **Payment is required IN FULL on the day of the appointment/treatment.** In complicated cases with multiple appointments, part payment is required as the treatment progresses. All fee estimates are based upon conditions viewed at the time of diagnosis. Unforeseen circumstances can alter an estimated fee.

We understand that sometimes it is necessary to change your schedule. Out of consideration for others, we kindly ask you to provide a minimum of **24 hours notice** if you wish to change or cancel an appointment. **A fee of $150 will be charged for non-attendance or cancellation on the day of the appointment.**

Signature:	Date:
Parental permission:	Date: