SEAFORD SMILES DENTAL

290 Seaford Road, Seaford VIC 3198
t: 03 9776 8299 e info@seafordsmiles.com.au
www.seafordsmiles.com.au

Acquaintance Form

Welcome To Seaford Smiles!

Please take your time to answer these questions as completely as possible. It will greatly assist us in our effort to provide the best dental treatment for you.

Patient Name: _____ Preferred Name: _____

Birth Date: _____ Employer _____ Occupation: _____

Address: _____

Phone(Home): _____ (Work): _____ (Mobile): _____

Email: _____ Preferred Method Of Contact : ☐ Phone ☐ Email ☐ SMS

Do you have private dental insurance?: ☐ No ☐ Yes - If Yes Which One? _____

How did you hear about our practice : _____

Who can we thank for introducing you to us? _____

This section is essential to us in providing safe medical treatment:

Do you have any of the following? Please Tick

☐ Codeine Allergy	☐ High Blood Pressure	☐ Pacemaker device	☐ Arthritis
☐ Penicillin Allergy	☐ Hepatitis: Type __	☐ Epilepsy	☐ Artificial Joints
☐ Sulphur Allergy	☐ Heart Murmur	☐ Fainting / Blackouts	☐ Rheumatic Fever
☐ Other Allergy	☐ Anaemia	☐ Kidney / Liver Disease	☐ Cancer
☐ Diabetes	☐ Persistent Bruising/Bleeding	☐ Asthma	☐ Radiation Treatment
☐ HIV	☐ Other Heart/Blood Conditions	☐ Other Chest Conditions	☐ Other (Please Specify)

If other conditions, please specify: _____

Are you, or could you be pregnant? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Are you currently taking any medications or other drugs? ☐ Yes ☐ No

If yes, please specify: _____

_____

Dental History

What is your main dental concern? _____

How long is it since you had a thorough dental checkup? _____

When did you last have routine screening dental x-rays? ☐ 12 months ago or less ☐ More than 12 months ago

When did you last have a professional dental clean? ☐ 6 months ago or less ☐ More than 6 months ago

Previous dentist (Name and suburb) _____

SEAFORD SMILES DENTAL

290 Seaford Road, Seaford VIC 3198
t: 03 9776 8299 e info@seafordsmiles.com.au
www.seafordsmiles.com.au

a. Health

Are you concerned about or experiencing any of the following

- ☐ Sensitivity to hot, cold, sweets or pressure
- ☐ Bleeding gums, loose teeth
- ☐ Bad breath
- ☐ Decay or broken teeth
- ☐ Food catching between teeth
- ☐ Wisdom teeth problems

Have you even been told you have gum disease? _____

b. Function

Are you experiencing any of the following

- ☐ Head, neck or shoulder pains
- ☐ Grinding or clenching of your teeth
- ☐ Snoring or sleep apnoea
- ☐ Missing teeth

c. Aesthetics

Are you concerned particularly about any of the following

- ☐ Crooked or crowded teeth
- ☐ Stained, yellow teeth
- ☐ Missing teeth or Gaps between teeth
- ☐ Dark Fillings / Metal Fillings

How would you rate your smile from 1 to 10? _____

Policies of Practice and Consent for Services

1. Payment for services is expected on the day of treatment

2. We offer a variety of Finance Options (for approved applicants) including interest free terms and extended payment terms to commence treatment sooner

3. Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. There is no relationship between the doctor and the health fund. Any relationship with an insurance company is between the patient and their health fund.

4. A 48 hour notice is required if there are any changes to appointment times given to you. Failure to do so will incur a charge.

Preferred method of payment: ☐ Cash ☐ Cheque ☐ Credit Card ☐ Eftpos

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail. I understand that all health information given, will be treated with privacy and confidentiality. I have read the above conditions of treatment and agree to their content.

Signature: _____ Date: _____

If you have completed this form on your computer, just click "Submit form" to email it to us.
Or, you can just click "Print" and bring this form with you to your next appointment.

Print

Submit Form