



New Patient Questionnaire

Kindly print out this form and fill in the details below as best you can and bring the form with you to your first appointment along with your Health Fund Card (ie if you are a member of a fund).

Not sure of any details? Please advise our reception staff when you attend for your appointment.

Northmead Dental
233 Windsor Road
Northmead 2152
nearest cross street : Ventura Rd
ph: (02) 9639 6900

Last Name :	Preferred Title : <i>eg Mr Mrs Miss Dr Ms Prof</i>
Given Names :	Date Of Birth: / /
(Address) Street :	email address :
Suburb :	
Postcode :	Who to contact in an emergency ?
(Phone) Home :	Name:
Mobile :	Phone:
Work :	
Health Fund:	

Thank you for completing this questionnaire, as it will help us in providing you with comprehensive dental care. Please note that this information will be handled completely confidentially.

Please tick all boxes that apply, and elaborate where indicated.

- Do you have any allergies eg. Penicillin, Latex?
If Yes, please list:

- Do you have a heart condition eg. heart murmur, rheumatic fever, valve replacement?
If Yes, please give details:

- Do you have high blood pressure?
- Have you been to hospital in the past 2 years?
If Yes, please give details:

- Do you or have you ever smoked cigarettes?
- Do you have Diabetes?
- Do you take any medications (including the contraceptive pill)?
Please list medications:

- Have you EVER taken any of the following medications – Fosamax, Bonifos, Actonel, Aredia, Boniva, Fosavance, Zometa?

- Have you ever suffered any serious illnesses? Such as hepatitis, tuberculosis, asthma, HIV/AIDS, epilepsy, osteoporosis, cancer?
Please Specify:

- Is there anything else you think we should know ? e.g. if you are pregnant please advise here.