**WELCOME TO WATKINS DENTAL**

**Please take a few moments to answer the following questions to help us provide the best dental treatment for you. Please print or circle.**

**Mr/Mrs/Miss/Ms Full Name**:………………………………………………………………………….…………….DOB:…………………..………

**Postal address**:…………………………………………………………………………………………..……………………………..………………………..

**Phone: Home**:………………………………...…**Work:**………………………………...…**Mobile:**………..……………………….………………….

**Would you like SMS reminders sent to your mobile? YES / NO**

Employer:……………………………………………Address:………………………………………………………………………………………………..

**Do you have Private Dental Insurance with a Health Fund?** **NO** **/ YES – Fund Name:………………………….**

Are you covered by Veterans Affairs? YES / NO

When did you last visit a Dentist?............................................................

What is the purpose of your visit today?.......................................................................................................

**Have you been in Hospital during the last twelve months? YES / NO**

**What Drugs / Medications / Supplements including dosage are you currently taking or have taken within last six months**.

If YES Details:………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………..

How do you rate you general health? GOOD FAIR POOR **Are you pregnant?**  YES / NO

Your Doctors name:……………………………………………………………Address:……………………………………………………………………

**Have you ever suffered from any of the following?**

**Heart Disease………………..……………...YES/NO Allergic to Penicillin ……………...... YES/NO**

**Rheumatic fever…..……………..….…….YES/NO Asthma………………..…………………..….......YES/NO**

**Blood Disease/ Bleeder…….…..……...YES/NO Allergy/Hypersensitivity…….…….………..YES/NO**

**Stroke…………………………………..……….YES/NO Osteoporosis…………………………….…..…..YES/NO**

**Diabetes…………………………………….….YES/NO Blood pressure problems………….………..YES/NO**

**Are you a smoker?...........................YES/NO Hepatitis B, C, HIV………………………….....YES/NO**

 Any other dental problems/issues?......................................................................................................................

*Your information is kept in accordance with The Health Records and Information Privacy Act 2002 (NSW).*

*Watkins Dental wishes to advise a copy of the Australian Charter of Healthcare Rights is available on request.*

**\*Please sign if you Consent for us to collect and store your medical, dental, and personal history.**

**Patient signature**:………………………………………………………………..………………………………Date: ………………….…………

Carer/ Guardian