

These questionnaires provide the information the dentist needs for your dental treatment and oral health care.

PATIENT QUESTIONNAIRE

NAME _____ MR / MRS / MISS / MS
(SURNAME) (FIRST NAMES)

ADDRESS: _____

HOME PHONE No: _____ MOBILE No. _____

WORK PHONE No: _____ DATE OF BIRTH: _____

EMAIL: _____ OCCUPATION: _____

Name of last Dentist: _____

Person who referred you _____

If under 20 - Name and address of Parent/Guardian _____

If you have Dental Insurance please name the company _____

Name of Medical Practitioner _____

Questionnaire continued over page - please turn over. _____

CONFIDENTIAL HEALTH QUESTIONNAIRE

In order to provide best and safest dental treatment, your dentist needs to know of any medical problems which may affect your treatment.

Please tick the box if the answer is yes.

I wish to complete/discuss this questionnaire with the dentist

NAME: _____

1 Are you receiving any medical treatment at the present time?

2 Have you ever had any of the following ?

Rheumatic Fever	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Gastric Problems	<input type="checkbox"/>
Hepatitis (specify type A/B/C)	<input type="checkbox"/>	Cold Sores	<input type="checkbox"/>
Bronchitis or Chest Problems	<input type="checkbox"/>	Depressive Illness	<input type="checkbox"/>
Severe Headaches	<input type="checkbox"/>	Drug Dependence	<input type="checkbox"/>

3 Are you taking any tablets, capsules, medicines or drugs?
If yes, please list:

4 Have you any allergies to medicines that you are aware of?
If so, please list:

5 Are you wearing an artificial or prosthetic joint?

6 Have you ever experienced excessive bleeding or bruising from dental treatment, cuts or scratches?

7 Have you ever had contact with the AIDS virus or Hepatitis B virus?

8 Have you ever had a reaction to an anaesthetic?

9 Women: Are you pregnant now? Months _____

Although rare, accidental injury to staff can occur during the handling of used instruments. If this happens during the course of your treatment, our practice requires both patient and staff member to undertake a blood test.

Do you agree to a confidential blood test?

YES NO I wish to discuss this with the dentist

Are there any other aspects concerning your health that you think your Dentist should know about?

TERMS OF TRADE OF AM DENTAL LTD

1. Services Provided

1.1 The Service provided shall be described on our invoice as provided by Am Dental Ltd to the Patient, Parent or Guardian.

2. Price And Payment

2.1 The Price shall be as indicated on invoices provided by AM Dental Ltd to the Patient, Parent or Guardian in respect of the dental service provided by AM Dental Ltd.
2.2 Time for payment shall be stated on the invoice, time for payment shall be of the essence. If no time for payment is stated on the invoice payment shall be on delivery of the Service provided or at the time of the consultation.

3. Default and Consequences of Non Payment

3.1 Interest will be added to the amount stated on the invoice from the date when the invoice falls due for payment, until the date payment is received in unencumbered funds.
3.2 If the Customer defaults in payment of any invoice, automatic payment, direct debit or any manner of payment arrangement, The customer will indemnify AM Dental Ltd against all costs and disbursements including solicitor and own client basis and the sellers collection agency costs.
3.3 If any account remains overdue after thirty (30) days then an amount of the greater of \$20.00 or 10.00% of the amount overdue (up to a maximum of \$200) shall be levied for administration fees which sum shall become immediately due and payable.

4. Privacy Act 1993

4.1 The Customer and the Guarantor/s (if separate to the Customer) authorises AM Dental Ltd to:
collect, retain and use any information about the Customer, for the purpose of assessing the Customer's creditworthiness or marketing products and services to the Customer; and
disclose information about the Customer, whether collected by the Contractor from the Customer directly or obtained by AM Dental Ltd from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by the Customer.
4.2 Where the Customer and/or Guarantors are an individual the authorities under clause 4.1 are authorities or consents for the purposes of the Privacy Act 1993.
4.3 The Customer and/or Guarantors shall have the right to request AM Dental Ltd for a copy of the information about the Customer and/or Guarantors retained by TIM and the right to request AM Dental Ltd to correct any incorrect information about the Customer and/or Guarantors held by AM Dental Ltd.

I have read and understood the Terms and conditions of Trade of A M Dental Ltd and agree to be bound by these terms in relation to the services provided to me by A M Dental Ltd

Full Name _____ Date: _____

Signature _____