Please use '<u>BLACK</u> PEN' to fill in this form

Sydney Paediatric Dentistry

Suite 201, 21-23 Burwood Rd – Burwood NSW 2134 ☎ (02) 9715 3711 (02) 9715 3744

PRE TREATMENT DETAILS

CHILD'S DETAILS: First Name:........................ Surname: ....

Sex: ☐ Male ☐ FemaleSchool & Grade: .... Date of Birth: ..../....../.....

(No PO Box) Address : ....Suburb:............... P/C.........(NSW Dental Board Regulation)

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other.....................

Father's Name: ☐ Mr ☐ Dr ....

Mother's Name: ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ....

Additional Address/ Mailing Address:..

PERSON RESPONSIBLE FOR ACCOUNT:.................... Language spoken at home..................

Phone (H): .... (W): .... Mob:..................................

Email: .... Fax: ....

HEALTH INSURANCE CO.:............................ **DENTAL**: Y / N **HOSPITAL**: Y / N (please circle)

MEDICAL HISTORY: Please tick relevant box(es) ☐ **NO RELEVANT MEDICAL HISTORY**

☐ Heart Problems ☐ Asthma ☐ Behaviour/Learning diff. ☐ Epilepsy/Seizures

☐ Diabetes ☐ Bleeding/Bruising issues ☐ Hepatitis ☐ HIV ☐ **Allergies** ☐ Other

- Has your child ever had an operation or been in hospital overnight? ☐ Yes ☐ No
- Has your child or any family member had complications under **General Anaesthesia**? ☐ Yes ☐ No
- Can your child do normal physical activities ? ☐ Yes ☐ No

Medical/Conditions: ....

....

Medications: ....

REFERRED BY: ☐ Dentist ☐ Medico ☐ Friend/Relative ☐ Website ☐ Other

REASON FOR REFERRAL: ....

HOW WOULD YOU LIKE TO BE REMINDED OF YOUR NEXT APPOINTMENT: ☐ Phone ☐ SMS ☐ Email

- **In the last 2 years my child's medical contacts have been:**

  ☐ Always enjoyable ☐ Usually enjoyable ☐ Usually unpleasant ☐ Always unpleasant

- **How would you rate your own anxiety (fear) at this moment?**

  ☐ High ☐ Moderately High ☐ Moderately low ☐ Low

- **Does your child think there is anything wrong with his/her teeth?** ☐ Yes ☐ No

SIGNATURE:..DATE:......................................

NB: Please note that payment is expected on the day of treatment. Thank you.