

Welcome to Central Periodontics and Implants
Please answer these questions as completely as possible

Dr/Mr/Mrs/Miss/Ms SURNAME _____ FIRST NAME _____

Address _____ Postcode _____

Date of Birth _____ Phone _____ (Alt) _____

Are you happy to receive communications via email? YES NO Email _____

Occupation _____ Employer _____

Name of your general dentist _____

Do you have Private Health Insurance? YES NO Name of Private Health Insurance _____

Emergency contact _____ Phone _____

Private and Confidential Medical and Dental Questionnaire :There are a number of conditions, diseases and habits that affect the mouth which may impact upon on your susceptibility to and/or progression of gum disease and may affect the healing after periodontal treatment, success of surgery and implant treatment. The following questions will be helpful in the overall diagnosis/assessment of your condition and treatment.

YES NO

Have you ever had any serious illness?
Details: _____

Are you, at present, receiving medical treatment?
Details: _____

Name of your doctor: _____

*Please list any medicines, drugs or supplements that you take on the table on page 2.

Please indicate if you have, or have suffered from, any of the following:

YES NO

- Rheumatic Fever/Heart murmur
- Blood pressure changes
- Epilepsy
- Tuberculosis
- Hepatitis or Jaundice
- Currently pregnant at _____ weeks
- Bruise or bleed easily or suffer from any blood disorder
- HIV/AIDS antibody positive

YES NO

- Heart Condition
- Diabetes/ Family history of diabetes
- Thyroid condition
- Asthma
- Are you a current/former smoker; cigs/day:
- Any nervous system condition
- Rheumatoid Arthritis
- Allergy or bad reaction to _____

YES NO

- Are you having dental pain?
- Do your gums bleed when brushing/flossing?
- Do your teeth feel loose?
- Do you experience bad breath?
- Do you have any sores or lumps in your mouth?
- Does food pack between your teeth?
- Have you had periodontal treatment before?
- Do you grind your teeth at night?
- Do your jaw joints click or lock?
- Is there a family history of gum disease/pyorrhea/periodontitis?

Missed appointments & same day cancellations will incur a fee. In relation to any overdue accounts, any costs associated with the recovery of such accounts will borne by the patient.

Signed _____ Date _____
(PARENT OR GUARDIAN IF UNDER 18 YEARS)

Medicine/Drug/Supplement <i>Brand Name and active ingredient name</i>	Dose	Frequency