

Referral Information

Whom may we thank for referring you to our practice? \_\_\_\_\_

If not a direct referral please circle: Other - please indicate \_\_\_\_\_

Internet Website Yellow pages Phone book Newspaper Walked past

Are you concerned about any of the following dental problems?

- Bleeding Gums
- Bad Breath
- Bad taste
- Sensitivity when eating or hot/cold
- Food trapping between your teeth
- Tooth sore or loose
- Tooth missing or has moved
- Discoloured fillings
- Roughness of any existing fillings
- Staining of your teeth
- Head/neck ache
- Grinding or clenching your teeth
- Clicking or pain in the jaw joints

Are you concerned with: -

- The appearance of your teeth
- Existing crowns, bridges or dentures
- Ability to eat
- Cleaning techniques e.g. brushing & flossing
- Your smile
- Snoring

Dental Values:

What's important to you about your teeth?  
Please rate on a scale of 1-10

Tooth health 1 ←-----→ 10  
 How preventive (proactive) 1 ←-----→ 10  
 Tooth cosmetics 1 ←-----→ 10

What is the main purpose of your visit? \_\_\_\_\_

How long since your last dental visit? \_\_\_\_\_

Does dental treatment make you nervous? No Moderately Slightly Extremely

Do you also feel you require:

- Gas (Nitrous oxide-laughing gas)
- Intravenous sedation
- General Anaesthesia

Consent for services

- This is to certify that I, the undersigned, consent to the performing of dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anaesthetics as indicated and I will assume responsibility for the fees associated with those procedures.
- I understand that the practice requires at least 48 hours notice if I need to cancel my scheduled appointment and that a fee of \$200 will incur if I fail to do so.
- I hereby consent to the use of any study models, x-rays, computer images and photographs\* at various dental seminars, lectures, and publications that the dentists may author.
- I am aware that payment is required on the day of treatment.

Signature of patient (parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

\* Identity will not be revealed