

Patient Form

Canterbury Family Dental

Dr Andrew Langton-Joy
B.D.Sc. (Melb) Member Aust. Dental Assoc.



Welcome to Canterbury Family Dental

Please answer the following questions to help us provide you with the highest standard of care.

Surname _____ First Name _____

Title Mr / Mrs / Ms / Miss / Mst (please circle) Date of Birth _____

Home Address _____

Email Address _____ Occupation _____

Home Phone _____ Work Phone _____ Mobile _____

EMERGENCY CONTACT

Name _____ Relationship _____ Contact No _____

How did you find out about our practice? _____

Do you have private health insurance for dental treatment? Yes / No

If yes, Name of fund _____ Member No. _____ Series No. _____

Have you had any of the following? (please circle)

High Blood Pressure	YES / NO	Heart / Valve Ailments	YES / NO
Tuberculosis	YES / NO	Thyroid Problems	YES / NO
Kidney Disease	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Aids / HIV	YES / NO
Bleeding Problems	YES / NO	Rheumatic Fever	YES / NO
Stomach / Bowel Problems	YES / NO	Asthma	YES / NO
Hepatitis	YES / NO	Osteoporosis	YES / NO
Gastric Reflux	YES / NO	Do you smoke	YES / NO
		How many per day	_____

Which of the following are your dental concerns?

Discoloured Teeth	YES / NO	Missing Teeth	YES / NO
Sensitivity to Hot / Cold	YES / NO	Pain in face or jaw	YES / NO
Frequent Headaches	YES / NO	Unsatisfactory Denture	YES / NO
Worn / Broken Teeth	YES / NO	Lost / Broken Fillings	YES / NO

Do you have any allergies/ Please list _____

Do you have any medical conditions that the dentist should be aware of? YES / NO

Please list _____

Are you taking any drugs, medicine or tablets? YES / NO

Please list _____

Female Patients Are you pregnant _____ Due Date: _____

Signed _____ Date _____