

**Please complete and bring to your appointment**

**QUESTIONNAIRE FOR NEW ORTHODONTIC PATIENTS**

**STRICTLY CONFIDENTIAL**

**Patient's Surname:** \_\_\_\_\_  
\_\_\_\_\_

**First Name:**

**Patient's Date Of Birth:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred Name:**

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Suburb:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:**

**P o s t a l**

**A d d r e s s :**

\_\_\_\_\_  
\_\_\_\_\_

**Suburb:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:**

**Phone: Home** \_\_\_\_\_  
\_\_\_\_\_

**M o b i l e :**

\_\_\_\_\_

**W o r k :** \_\_\_\_\_  
\_\_\_\_\_

**E m a i l :**

\_\_\_\_\_

**Name Of Health Fund:** \_\_\_\_\_  
**Number** \_\_\_\_\_

**Medicare**

**P a t i e n t ' s      O c c u p a t i o n      O r      Y e a r      A t      S c h o o l :**  
\_\_\_\_\_

**If Patient At School Please Name School:**

\_\_\_\_\_

Name Of Referring Dentist Or Family Dentist:

\_\_\_\_\_

Name Of Other Family Members Attending As Patients:

\_\_\_\_\_

**PLEASE TURN OVER**

**MEDICAL HISTORY**

Do you have or have you suffered any serious illness (e.g. heart or kidney diseases, diabetes, rheumatic fever, epilepsy etc)?

\_\_\_\_\_  
\_\_\_\_\_

Do you take any tablets, capsules, pills or medicines?

\_\_\_\_\_  
\_\_\_\_\_

Have you been advised by your Doctor or Dentist that you require antibiotic cover for dental procedures?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies or drug sensitivities?

\_\_\_\_\_  
\_\_\_\_\_

Have your tonsils or adenoids been removed and if so at what age?

\_\_\_\_\_  
\_\_\_\_\_

Is there any other medical condition we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

**RESPONSIBLE FINANCIAL PARTY ARRANGEMENTS**

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Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

\_\_\_\_\_ Title(s): \_\_\_\_\_

Street Address:

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**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone: Home**

**Mobile:** \_\_\_\_\_ **Work**

**Signature (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Dr Ronald Pedley**

*B.D.Sc. (Uni of Qld), Cert. Orth. (O.H.S.U.)*

## **Dr Spiro Pazios**

*B.D.S. (Adel) M.S. (St. Louis)*

## **Dr Antony Vidovic**

*B.D.S. (Uni of Syd), Cert. Orth. (O.H.S.U.)*

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**ORTHODONTISTS**

