

# Sydney Aesthetic Smiles

MINIMUM INTERVENTION

(02) 9556 2000  
MAXIMUM RESULTS

Title:  Mr  Mrs  Ms  Other..... First Name(s): .....

Family Name: ..... Birth Date: .....

Address: ..... Postcode: .....

Home Phone: ..... Work Phone: ..... Mobile: .....

Email: ..... Occupation: .....

Emergency Contact: ..... Phone: .....

General Practitioner: ..... Phone: .....

Dental insurance?  Yes  No Provider: ..... Member No.: ..... ID No.: .....

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Do you or have you ever suffered from heart conditions?  Yes  No Details: .....

Have you ever had?  any cancers  radiotherapy  chemotherapy .....

Do you suffer from any other medical conditions?  Yes  No

Details: .....

Please list ANY medications you are taking: .....

Allergies, hypersensitivities or adverse drug reactions?  Yes  No Details: .....

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Do you need to take any medication prior to dental treatment e.g. Antibiotics  Yes  No

Are you of Aboriginal or Torres Strait Island descent?  Yes  No

Are you pregnant or possibly pregnant?  Yes  No (..... weeks)

Have you ever:  been prescribed bisphosphonates eg Fosamax, Actonel, Bonviva? or  
 been treated for osteoporosis, Paget's Disease or metastatic bone disease?

Do you have or have you ever had:  Hepatitis A,B,C,D or E  Meningococcal infections  CJD  
 Tuberculosis  HIV/AIDS  Whooping Cough  MRSA Methicillin Resistant Staph Aureus  
 Any other infectious diseases? : .....

Have you ever injected illegal drugs?  Yes  No

My last dental visit was: ..... and I am here today for: .....

- check-up & clean     2<sup>nd</sup> opinion consultation/options     treatment of pain     holes/broken teeth  
 sensitive teeth     gum problems     eating difficulties     bad breath     jaw joint problems  
 headaches     discoloured teeth     crooked/crowded teeth     "aesthetics"

The following are **OPTIONAL QUESTIONS** that are beneficial to your dental treatment.

- How many times do you brush your teeth daily?     1     2     3    [.....]  
 For how long?     less than 1 minute     2 mins     3 mins    [.....]  
 Do you clean between your teeth?     Yes     No  
 Do you clean your tongue?     Yes     No

- How many teaspoons of sugar in a typical cup?     no sugar     one     more than one    [.....]  
 Do you smoke?     No     a little     a lot

Have you ever been told or do you think you:     snore    or     grind your teeth while sleeping

### Your Health Information – Privacy Consent Form

Sydney Aesthetic Smiles respects your right to privacy. Disclosure of any information will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent. Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of your records at any time.

### SAS Financial Policy

In order to avoid misunderstandings, please read our financial policy below:

**Full payment** is requested on the **day of treatment**. Health fund claims can be processed on the spot and Eftpos is also available.

If health fund claims are rejected or disputed, we ask that health funds reimburse **you following full payment of the account on the day of treatment**. If this is not possible, patients are given a fortnight to settle any accounts pending or additional fees may be incurred.

For patients who qualify, we offer payment plans through a third-party financing company (DentiCare) with interest free options.

**Please speak to our staff if you are unsure about anything on this form**

Signed: .....

Date: .....

(Patient/Parent/Guardian)