



# DENTAL QUESTIONNAIRE

## Under 18 years old

Welcome to Aim Dental Group  
Please answer these questions as completely as possible.  
It will greatly assist us to provide the best dental treatment for you.  
**PRIVATE & CONFIDENTIAL**

Patient's Name .....  
(First Names) (Surname)

Guardian's name: ..... Relationship to the patient: .....

Address..... Postcode

DOB..... Phone (Home)..... Phone (Mobile).....

Email.....

**Whom may we thank for recommending you to our practice? .....**

Has your child been seen at the School Dental Centre? Y or N

If Yes - when were they last seen? .....

Has your child had or been recommended for orthodontic treatment? Y or N

Which Health Fund do you belong to? ..... Member # ..... Patient # .....

Are you eligible for Child Dental Benefit Schedule? Y or N

If Yes, please let front desk know and the letter **MUST** be presented for eligibility.

Your appointment is considered a confirmation, but we do have a reminder service. How would you prefer to be reminded? (Please Circle) - SMS - Email - Phone call -

**Please circle YES or NO if your child has EVER had any of the following:**

|                            |        |                         |        |
|----------------------------|--------|-------------------------|--------|
| Rheumatic Fever            | Y or N | Thyroid disease         | Y or N |
| Any heart complaint        | Y or N | Epilepsy                | Y or N |
| Cardiac Pacemaker          | Y or N | Asthma                  | Y or N |
| High Blood Pressure        | Y or N | Nervous system disorder | Y or N |
| Low Blood Pressure         | Y or N | Snoring/Sleep Apnoea    | Y or N |
| Excessive Bruiser/Bleeding | Y or N | Transplants             | Y or N |
| Blood Disorder/Thinning    | Y or N | Diabetes                | Y or N |
| Osteoporosis               | Y or N | Treatment for Cancer    | Y or N |
| Sinus Trouble              | Y or N | Liver Disease/Hepatitis | Y or N |

**Please list any Allergies.....**

Is your child receiving any medical treatment at present? Y or N

If yes, please provide details.....

Name and Phone Number of your child's GP or Specialist.....

We tailor the appointment to your child's specific need. Is there any other information about your child that can help our staff with providing exceptional care?

.....

**DECLARATION:** In signing this form I acknowledge that this represents an accurate medical history. I will advise my dentist of any changes to my medical history in the future. I understand that all medical details will be treated with complete professional confidentiality



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### **Aim Dental's Policies**

We appreciate your busy schedule and are committed to providing quality individualized Dental care to all our patients. We work with only one patient at a time and do not double book. The time that you reserve with us is yours and yours alone. Missed appointments, late shows and cancellations inconvenience those individuals who need access to dental care. We would like to remind you of our policy regarding missed appointments and cancelling appointments.

#### Cancellation of an Appointment

In order to be respectful of the dental needs of other patients, please be courteous and call Aim Dental promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. Your Appointment is considered a confirmation in our practice, so please remember to let our receptionist know if you can't make an appointment at least 24 hours in advance, this way we can make that time available to other patients. To cancel your appointment, please call to let us know. If you do not reach the receptionist, you may leave a detailed message on our voice mail. If you would like to reschedule your appointment, please leave your name and phone number. We will return your call promptly.

#### Missed appointment

Appointments are in high demand, by missing an appointment this limits other patient's access to their treatment. Therefore missed appointment or arriving 15 minutes past your appointment time, will also incur a 'Missed appointment Fee'. We do our very best to run on time and strive to contact our patients if we are running late to limit any inconvenient to their schedules.

#### Cancellation Fee/ Missed Appointment Fee

We understand that in an unlikely event, you may have to cancel or re-schedule your appointment at short notice. However, as we are a small business with high demand for appointments, you could be required to pay a \$75 cancellation/missed appointment fee. Please speak to our receptionist if you have any queries regarding this fee.

#### Payment Policy

It is our payment policy to collect the appropriate payment at the time of service. We accept cash, cheque and all the major credit cards including AMEX. If you have private health insurance, we can provide electronic claiming to your insurance company as a courtesy to you in order to limit your financial responsibility. Please remember to bring your private health insurance card to every appointment you have with us.

Guardian's Signature: ..... Date: .....

Guardian's Signature: ..... Date Updated: .....

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