New Patient Form

Title (Mr/Mrs/Miss/Ms/Dr): ..... Surname: .....

Given Name(s): .....

Preferred Name: ..... Date of birth: ..... /..... /.....

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

Mobile: ..... Home Ph: .....

Work Ph: ..... Occupation: .....

Email: .....

Do you have private health insurance? ☐Yes ☐No Insurer Name: .....

Is another member of your family a patient at our practice? ☐Yes ☐No

If yes, what is their name? .....

How did you find out about our practice? .....

Emergency Contact Name: ..... Relation: .....

Phone: ..... Email: .....

Who is your regular GP? Name: ..... Practice: .....

Do you currently have or have you had the following:

	Currently Have	Had Before	No
AIDS / HIV	☐	☐	☐
BLOOD DISORDERS	☐	☐	☐
DIABETES	☐	☐	☐
ASTHMA	☐	☐	☐
EPILEPSY	☐	☐	☐
TUMOURS	☐	☐	☐
CANCER	☐	☐	☐
SINUS TROUBLE	☐	☐	☐
PREGNANCY	☐	☐	☐
STROKE	☐	☐	☐
HEART PROBLEMS	☐	☐	☐
HIGH BLOOD PRESSURE	☐	☐	☐
LOW BLOOD PRESSURE	☐	☐	☐
ARTIFICIAL JOINTS	☐	☐	☐
RHEUMATIC FEVER	☐	☐	☐
EXCESSIVE BLEEDING	☐	☐	☐
SMOKING	☐	☐	☐
ALLERGIES	☐	☐	☐

Do you require antibiotics before undergoing dental treatment? ☐Yes ☐No

List all medications you are currently taking: .....

Client Agreement and Treatment Consent Form

Our Commitment to You:

At Brisbane Biodentistry, we are committed to providing quality and customised dentistry in a comforting environment. Our practice philosophy is one of holistic, personalised care with a preventative focus.

As you are aware, appointment times with Dr David Wang can be scarce and the waitlist lengthy. However, we will always strive to do our best to provide appointment times that are convenient for our patients without extended delays under normal operating conditions.

Client Commitment:

1. I understand that the team at Brisbane Biodentistry make time to see me and/or my family, and that this time may not be replaced if I cancel.
2. I understand that Brisbane Biodentistry has a waitlist of patients to access the oral health services that Brisbane Biodentistry provides.
3. I understand that all appointments are subject to a cancellation policy. I agree to pay 100% of applicable fees and charges if I cancel within 48 hours of my/our scheduled appointment.
4. I agree to honour all appointments unless there are exceptional, unforeseen circumstances and will alert Brisbane Biodentistry as soon as is practicable.

Consent for Treatment:

I hereby authorise Brisbane Biodentistry and its staff to take x-rays, study models, photographs and other diagnostic aids as deemed appropriate by the dentist to make a thorough diagnosis.

Upon such diagnosis, I authorise the dentist to perform all recommended treatment mutually agreed upon by me, and to employ assistance as required to provide proper care.

I agree to the use of anaesthetics, sedation and other medication as necessary. I fully understand that using anaesthetic agents embodies certain risks. I understand I can ask for a complete recital of all possible risks and complications at any time.

I agree to be responsible for payment for all services rendered on my behalf and on behalf of my dependants. I understand that payment is due at the time of service unless other arrangements have been made prior to my appointment.

I, ... (*print name*), have read or had read to me these terms and understand them completely. I understand that I may be financially liable for breach of these terms by me and/or my dependents. I understand that I can request a copy of these terms and any other applicable policies at any time.

Signature: ..... Date: .....

We thank you for your understanding of these terms. Our aim is to continue to maintain an excellent service to you, our patient(s). We look forward to providing quality oral health care in a comfortable and caring environment.