SIGNATURE DENTAL

PRIVATE & CONFIDENTIAL / PRE TREATMENT INFORMATION

Welcome to Signature Dental. Please answer the following questions as completely as possible. It will assist us greatly in our effort to provide the best dental treatment for you and ensure our treatment is compatible with your present state of health.

Dr / Mr / Mrs / Miss / Ms

SURNAME: _____ FIRST NAME: _____

OTHER NAMES: _____ PREFERRED NAME: _____

ADDRESS: _____ DOB: ____/____/____

_____ P/Code: _____

E-MAIL: _____

PHONE (H): _____ PHONE (W): _____

MOBILE: _____ ALT. CONTACT #: _____

OCCUPATION: _____ EMPLOYER: _____

TO WHICH PRIVATE HEALTH FUND DO YOU BELONG? _____ MEMBERSHIP #: _____ Series #: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNT: _____

WHOM MAY WE THANK FOR YOUR REFERRAL? _____ **RELATIONSHIP:** _____

GENERAL MEDICAL HISTORY:

	Y	N
Would you prefer to discuss any aspect of your medical history in private with the dentist rather than writing it down?	☐	☐
Are you at present receiving medical treatment?	☐	☐

Name of your doctor: _____ Ph: _____

Please indicate all medicines you are taking (Including oral contraceptive, prescription and over-the-counter medications and natural remedies):

_____

_____

Do you have or have you had?	Y	N
Rheumatic fever	☐	☐
Artificial valve or joint replacement (Please specify) _____	☐	☐
Any Heart Complaint (Please give details) _____	☐	☐
Cardiac pacemaker	☐	☐
Blood pressure changes	☐	☐
Hepatitis, Jaundice or Liver disease (Please specify - if yes, when, type? _____ _____	☐	☐
Thyroid disease	☐	☐
HIV/AIDS	☐	☐
Tuberculosis	☐	☐
Asthma	☐	☐
Diabetes	☐	☐
Epilepsy	☐	☐

	Y	N
Gastric ulcer	☐	☐
Osteoporosis	☐	☐
Radiation therapy	☐	☐
Bleeding problems/easily bleed/ bruise	☐	☐
Any blood disorders	☐	☐
Do you take Warfarin medication	☐	☐
Any nervous system disorder	☐	☐
Allergy to any medicines eg. Penicillin, anaesthetic or others (Please specify)_____	☐	☐
Allergy to any chemicals or substances eg latex, antiseptics, chlorine, etc (Please specify)_____	☐	☐
Are you pregnant - If so, what is the due date:_____	☐	☐
Do you smoke	☐	☐
Any other infectious diseases or illnesses (please specify) _____	☐	☐

P.T.O.

How would you **rate your existing smile** on a scale of 1-10, with 10 being a picture-perfect smile? 1 2 3 4 5 6 7 8 9 10

How would you **like your smile to be** on a scale of 1-10, with 10 being a picture-perfect smile? 1 2 3 4 5 6 7 8 9 10

Do you have?	Y	N		Y	N
Dental (tooth, gum or jaw) pain	☐	☐	Any sores or lumps in your mouth	☐	☐
Any cavities or lost filling(s) from your teeth	☐	☐	Clicking jaw joints, sore facial muscles, or earache	☐	☐
Sensitive teeth - to hot / cold / sweet	☐	☐	Do you grind your teeth at night	☐	☐
Bleeding gums (either when you brush or other times)	☐	☐	Frequent headaches	☐	☐
Have you ever had periodontal (i.e. gum) treatment	☐	☐	Do you snore at night	☐	☐
Any bad tastes in your mouth or bad breath	☐	☐	Any unreplaced missing teeth	☐	☐
Any pain on chewing	☐	☐	Worn or broken teeth	☐	☐
Spaces where food packs between your teeth	☐	☐	Any loose teeth	☐	☐
Unsatisfactory or uncomfortable denture(s)	☐	☐	Discoloured teeth	☐	☐

Signature Dental has a privacy policy in accordance with the privacy act – a brief extract can be found on our website.

In order for Dr Kale to provide me with the appropriate treatment I understand that there will be photographs, films and other such recordings as required. I acknowledge that these may be used from time to time in educational lectures or research, which sometimes requires treatment records of patients.

I, _____ , do hereby give my consent to Dr Kale for the use of my dental photos, videos, audios, and/or portrait as she sees fit for the advancement of cosmetic dentistry, educational viewing by other dental professionals and in the promotion of cosmetic dentistry with or without my name or with a fictitious name. I release and forever discharge her and all of her associates, from any claims demands or liabilities on account of such use.

In signing this form I acknowledge that this represents an accurate medical history. I will also supply my dentist with any relevant changes to this history as required.

I acknowledge I have read and understood the privacy policy section within this document and consent unreservedly to the collection, use and disclosure of information collected in accordance with the practice policy.

I understand that I am solely responsible for the full payment of this account, on the day of treatment, and agree to pay all costs involved in the recovery of outstanding accounts including but not limited to all costs of debt collectors, delivery of summons', and all other administrative costs as determined by this practice.

I understand Signature Dental requires at least 48 hours notice for any rescheduling of appointments. I understand I may be charged an administration fee equal to the value of the missed appointment, if I do not give sufficient notice for any changes to my appointment times.

Signed: _____ Date:_____/_____/_____

(Parent or guardian if under 18 years)

L1, Suite 4/57 Labouchere Rd (Cnr Richardson St) South Perth WA 6151
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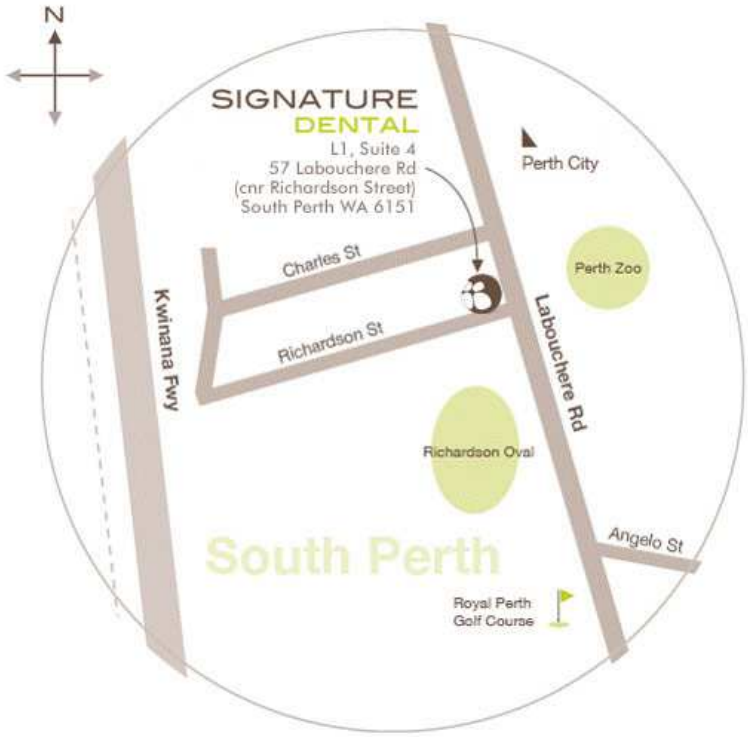
Dr Allison Kale
BDSc (WA)

Parking information



For your convenience:

There is **2 hour FREE parking** on the northern side of Richardson Street, timed parking on the southern side and in the zoo car park.

To save you any frustration during school holidays, please allow yourself extra time to find suitable parking.

The City of South Perth Rangers issue fines to those parking, uninvited, in private bays within the building.

Dr Allison Kale is in her 3rd decade of dentistry, she has a vast amount of clinical and professional experience from the "flying dentistry" of the Royal Flying Doctor service to many prizes and acknowledgments from her peers and specialists. She is committed to professional development and attends specialist courses regularly. Dr Allison Kale and all the staff of Signature Dental are dedicated to helping you keep your teeth for life. We strive to offer ideal care, ensuring we provide ample, appropriate information to empower our patients to choose the treatment that is right for them. We look forward to seeing you soon.

...the gentle art of remarkable smiles...

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