Mount Wellington Dental Centre

Jonathan Cole BDS Otago
Ivan Choie BDS Otago
Jessica Su BDS Otago
Rhonda Brown Hygienist
Cate Sparrow Hygienist

22 Ireland Road, Panmure, Auckland
Phone (09) 527 6322 or 570 2695

Confidential Patient Questionnaire

○ DR ○ MR ○ MRS ○ MISS ○ MS (*please tick*)

First name _____ Surname _____

Home address _____

Suburb _____

Date of birth _____ Email _____

Mobile phone _____ Home phone _____

Doctors name _____

Medical practice name _____

How did you hear about the practice? (*please tick*) ○ Website ○ Sign ○ Family ○ Newspaper ○ Friends

Medical History

Are you receiving any medical treatment at the present time? ○ Yes ○ No

Details _____

Have you had any prosthetic surgery (e.g. heart valve, hip, knee or shoulder replacement)? ○ Yes ○ No

Are you taking any medications? (*please list*)

Details _____

Have you ever had a reaction to an anaesthetic? ○ Yes ○ No

Are you allergic to any medications e.g. (Penicillin)? _____ ○ Yes ○ No

Are you allergic to Latex? ○ Yes ○ No

Are you HIV positive? ○ Yes ○ No

Woman, are you pregnant? If so, how many months: _____ ○ Yes ○ No

Have you ever had any of the following? *If so, please only tick appropriate conditions*.

- ○ Rheumatic Fever
- ○ Heart Murmur
- ○ High/Low Blood Pressure Asthma
- ○ Arthritis
- ○ Hepatitis -Specify type ○ A ○ B ○ C
- ○ Bronchitis or Chest Problems
- ○ Severe Headaches
- ○ Osteoporosis
- ○ Epilepsy
- ○ Anaemia
- ○ Diabetes
- ○ Kidney Trouble
- ○ Gastric Problems
- ○ Haemophilia
- ○ Depressive Illness
- ○ Drug Dependence
- ○ Heart Attack

Signed _____ Date _____

I also agree to pay for any failed appointments and late cancellations without a minimum of 24 hr notice.