



Dr Rosemary Phillipos and her team welcome you to **Care For Smiles**. We assure you a caring and gentle environment and our complete attention to make your visit comfortable and relaxing. To assist in determining treatment needs for your child, please fill **both sides** of this form.

Child's Details

Surname First name Title (optional)

Preferred name Date of Birth Gender (optional)

Home address

Postal address (if different to above)

Person responsible for account payments Relationship

Address (if different to above)

Email Mobile Phone

Emergency contact Phone Relationship

If you have Health Insurance with Dental Cover: Health Fund Member No. Seq
(Care For Smiles is a preferred provider for the HCF and CBHS Health Funds)

Is a third party or insurance company responsible for this account? Details

How did you hear about Care For Smiles?

Your preference for appointment reminders? SMS Email Phone Other

Are there any personal/family situations that would make keeping appointments difficult? No Yes

Dental Questionnaire

When was the child's last visit to a dentist? Reason

Have you made this appointment for a Routine check-up Other

Does dental treatment make the child nervous? Yes No Extremely, Comment

If yes, has nitrous oxide (happy gas) been considered? Yes No, Comment

Does your child brush their own teeth? Yes No, Comment

Does an adult help with brushing? Yes No, Comment

Does your child use an electric/power toothbrush? Yes No, Comment

Does your child use a fluoride toothpaste? Yes No, Comment

Does your child floss their teeth? Yes No, Comment

Does your child suck their thumb or use a pacifier? Yes No, Comment

Does your child play sport? No Yes Do they have a mouthguard? No Yes

Please circle the main items in your child's diet: Bread, Vegetables, Fruits, Dairy, Sweet treats,
Sugary drinks, Water, Other,

Help us get to know your child. What is their favourite...

Pet..... Food..... Colour.....

Sport..... Animal..... Movie/TV show.....

Interests

Does your child have any behavioural concerns?

Do you consent to your child watching TV while on the Dental Chair? Yes No

Now, please fill Page 2 of this form



Medical Questionnaire. Please answer these questions fully or discuss with the dentist.

Medical practitioner: Dr Name: Practice Name

- Is the child receiving medical treatment?
Had any serious or long standing illness?
Had any surgery including Heart Surgery?
Had surgery to mouth, jaw, lips or face?
Stopped taking any medication in the last week?
Allergic to any medication or antibiotics?
Allergic to LATEX?

Is the child on any of the following medications? (Please tick those that apply)

- Cortisone Insulin (Diabetes) Thyroid (Thyroxin / Oroxin) Vitamins / Herbal Supplements
Psychiatric (Anti-depressants / Anti-anxiety / Sleeping tablets) Other

Does the child have breathing problems (ie. Asthma, Mouth Breathing, Chronic Sinusitis)?

No Yes, Details

Does the child have sensory issues (ie Visual, Autism Spectrum, Auditory Processing, Sensory Processing)?

No Yes, Details

Is the child seeing (Please tick those that apply)

- Psychologist Speech Therapist Other Allied Health/Specialist
Details

Privacy Policy

Our Privacy Policy can be viewed on our website (www.careforsmiles.com.au/policies/privacy/). A copy is available at reception. Health information will be treated with the utmost confidentiality.

Please Note:

- 1. For a first visit with young children, the dentist will generally avoid treatment to make the dental visit a positive experience.
2. During the appointment, the dentist will ask questions of the child. Please avoid answering on behalf of the child unless the dentist directly asks you.
3. If your child is not cooperative during the appointment, the dentist will not forcibly treat your child.

Payment is required on the day of treatment unless otherwise arranged. Cash, Debit and Credit Cards (American Express, Mastercard, Visa) are accepted. No fee is charged for credit card use. Private health insurance claims are processed on the spot using HICAPS.

Signed Date
Parent/Legal Guardian

Office Use:
Reviewed by