endo
ON GEORGE

Welcome to endo on George

We at "Endo on George", a group of specialist endodontists registered with the Dental Board of Australia, want to make your time with us a pleasant and – above all – a safe experience for you. In the interest of your safety, Please take a few minutes and fill in the following questionnaire.

☐ Mr ☐ Mrs ☐ Miss ☐ Dr Full Name:

Street Address:

Postal address – if different from above:

Contact numbers: Mobile: Home: Work:

Your DOB: Day Month Year Your work address:

Employer:

Who referred you to us? ☐ Dentist or ☐ Self

If self, please share with us how you found us:

Referred by Dr: Referrer phone no:

Email: Suburb (if known):

Who is your Family Doctor?

Dr: phone no: Suburb (if known):

Please note that in the interest of your safety we may contact your referring dentist or your family doctor and/or medical specialist if required:

PLEASE SEE PAGE TWO FOR MEDICAL QUESTIONNAIRE:

Specialist Endodontists

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Please indicate by ticking the appropriate boxes if you have ever been diagnosed with, have been or are currently suffering from one of the following conditions.

☐ AIDS / HIV	☐ Hepatitis A ☐ B ☐ C ☐
☐ Allergies	☐ High Blood Pressure
☐ Artificial Joints or stents	☐ Kidney Disease
☐ Asthma	☐ Liver Disease
☐ Blood Disease	☐ Nervous Disorders
☐ Taking Blood Thinners	☐ Pacemaker
☐ Cancer or Growths	☐ Radiation Treatment
☐ Cochlear (Ear) Implant	☐ Respiratory Problems
☐ Diabetes	☐ Sinus Problems
☐ Epilepsy	☐ Stomach Problems
☐ Excessive Bleeding	☐ Steroid Treatment
☐ Glaucoma	☐ Stroke
☐ Heart Problems	☐ Thyroid Treatment
☐ Congenital heart disease	☐ Ulcers
☐ Heart murmur	☐ Prosthetic valves or stents
☐ Recent heart attack	☐ Rheumatic heart disease
☐ Bacterial endocarditis	☐ Mitral Valve prolapse

Have you ever taken or are you currently taking drugs for osteoporosis (drugs to increase bone mass) such as Fosamax®, Didronel®, Skelid®, Aredia®, Actonel®, Zometa®) Y ☐ N ☐

If you ticked “Allergies” above, please specify: Penicillin ☐ Codeine ☐ Sulpha drugs ☐ Aspirin and – like drugs Nurofen® ☐ Other :

Please list all medications, prescribed or otherwise, that you take routinely or at present:

Have you had any problems with dental treatment in the past? Y ☐ N ☐

If “Yes”, please explain:

Are you pregnant?: Y ☐ N ☐ If “Yes”, please indicate how many weeks:

Are you currently under the care of a medical doctor?: Y ☐ N ☐

Have you in the past 2 years been admitted to hospital or needed emergency care? Y ☐ N ☐

If “Yes”, please explain:

Is there any issue that you would like to discuss with the Dentist in private ? Y ☐ N ☐

To the best of my knowledge all answers to the preceding questions are correct. I understand that it is my duty to inform the dentist should any of my medical circumstances change.

Date Full Name: Signature: