



**ACQUAINTANCE FORM**

Welcome to **totallydental**, the following information is requested to enable us to give our best care and attention. This information will be treated with complete professional confidentiality.

**Title:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Partner / Children's Names (If applicable):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone Number: (Home):** \_\_\_\_\_ **(Work):** \_\_\_\_\_ **(Mobile):** \_\_\_\_\_

**Best contact number for all times?** \_\_\_\_\_

Name of Person responsible for account? \_\_\_\_\_

Are you in a private health fund with dental benefits? Yes / No Fund name: \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

Could you share with us the reason for leaving your previous dental practice? \_\_\_\_\_

**MEDICAL HISTORY**

**Are you allergic to any medication e.g. Penicillin, Codeine, Anaesthetic? If so, please provide details:** \_\_\_\_\_

**Are you currently on any medication? If so please list:** \_\_\_\_\_

**Are you under treatment by a doctor?** \_\_\_\_\_

**Are you a smoker? Yes / No How many per day? \_\_\_\_\_ Have you quit in recent years? \_\_\_\_\_**

**Ladies, are you pregnant? Yes / No If yes, when is your baby due? \_\_\_\_\_**

**Any Infectious Diseases?** \_\_\_\_\_

**Other?** \_\_\_\_\_

**Is there any other matter you wish to discuss privately with the Dentist? Yes / No \_\_\_\_\_**

**Have you ever had or been treated for any of the following?**

Cancer: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Asthma: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Heart Condition: \_\_\_\_\_  
(If yes, please specify)

Artificial Joints / Replacements: a) Hips / Knees: \_\_\_\_\_ b) Heart Valve: \_\_\_\_\_

**Are you currently taking any of the following Biphosphonate (bone density) medications?**

***Tablets:***

Fosamax: \_\_\_\_\_ Alendros: \_\_\_\_\_ Ossmax: \_\_\_\_\_

Actonel: \_\_\_\_\_ Bonefos: \_\_\_\_\_ Didrocal: \_\_\_\_\_

Skelid: \_\_\_\_\_

***Injections:***

Aredia: \_\_\_\_\_ Pamisol: \_\_\_\_\_ Zometa: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please note: Full payment for your treatment before the day of your next visit receives a 5% book keeping savings to you, OR full payment for treatment is requested at each visit).*

**DENTISTS**

**Peter J Efsthatis**

B.D.Sc. Hons (Qld Uni)

**John D Hendry**

B.D.Sc. (Qld Uni)

**Anthony C Tapsall**

B.D.Sc. (Qld Uni)

**DENTAL HYGIENISTS**

**Akiyo Yasuda**

**Cathy Cowan**

**Lyn Aitken**

Street Address  
Unit 1  
166 Gooding Drive  
Merrimac Qld 4211

Postal Address  
PO Box 687  
Mudgeeraba Qld 4213

Telephone  
**(07) 5525 2011**

Facsimile  
**(07) 5525 2088**

Website  
[www.totallydental.com.au](http://www.totallydental.com.au)