

**New Patient Questionnaire (confidential)**

Date:.....  
 Patient's Full Name:..... D.O.B.....  
 Address:..... Post Code:.....  
 School/College/University:..... Year:.....  
 Patient's Home Phone:..... Mobile:..... Patient's email:.....  
 Other members of family who have attended this orthodontic practice: .....

**Mum's Full Name:** ..... **Dad's Full Name:** .....

Dr/Mrs/Ms/Miss..... Dr/Mr.....  
 Home Phone (if different to above):..... Home Phone (if different to above): .....

Mum Work No:..... Dad Work No:.....  
 Mum Mobile:..... Dad Mobile:.....  
 Mum Email..... Dad Email:.....

Name of person responsible for accounts:.....  
 Address (if different to above).....  
 Signature.....

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Who recommended you to this practice? Family Member..... Friend ..... Dentist ..... Other (specify):.....  
 Name of referrer: .....

Your usual Dentist- Name & Suburb:.....

Where you referred by:  Hills District Netball Association  Pennant Hills Tennis Centre  Cherrybrook Netball Club

**Medical History**

List serious illnesses or conditions: .....

Any Allergies? .....

Are you currently taking any pills, tablets or medications of any kind? .....

Are you at present receiving any medical or other health care? .....

Have you had, or been recommended to have, tonsils and/or adenoids removed? .....

**Dental & Orthodontic History**

Any heavy falls or blows to the face, or injuries to teeth or jaws?.....

Previous Dental Treatment: Deep Fillings?.....Root Therapy Treatment?..... Diagnosis of Gum Disease?.....

Any teeth you or your dentists are particularly concerned about the health of? .....

Any clicking, locking or pain from jaw joints?.....

Are you a mouth breather?.....Any speech problems or previous speech therapy?.....

Do you or did you suck your thumb or fingers after the age of 6 years?.....

Any previous orthodontic treatment or consultation?.....

What, if anything, is the orthodontic problem **as you see it?** Or what is your reason for attending this practice? .....

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Indicate **patient's** concern for correction of the orthodontic problem  
 1. Very concerned.....2. Concerned..... 3. Indifferent.....4. Opposed.....

Indicate **parent's** concern for correction of the orthodontic problem  
 1. Very concerned.....2. Concerned..... 3. Indifferent..... 4. Opposed.....