

**Child's Details**

Surname.....Child's first name.....M / F  
 Date of birth..... Phone (Home).....  
 Address (Home)..... Postcode.....  
 Address (Postal).....Postcode.....

**Parents' Details**

Mother's name.....Father's name.....  
 Mother's work phone ..... Father's work phone.....  
 Mobile (Mother).....Mobile (Father).....  
 Mother's occupation.....Father's occupation .....

Has your child ever been to a dentist YES/NO Name of previous dentist.....  
 Reason for today's visit.....

How did you find us? Referred by dentist Name of referring dentist.....  
 Google search Yellow pages online Yellow pages phone book  
 Referred by friend / relative.....

**MEDICAL HISTORY**

Child's Medical Practitioner.....  
 Is your child taking any medication? Yes / No.....  
 Is your child allergic to any medication? Yes / No.....  
 Type of reaction (eg rash, difficulty with breathing) .....

Has your child ever been admitted to hospital Yes /No.....  
 Has your child ever had a General Anaesthetic Yes /No.....

Has your child had any of the following (please circle):			
Behavioural problem Autism/ASD /Aspergers ADHD Intellectual delay	Asthma Respiratory problem  Cerebral Palsy Developmental delay	Kidney problem Urinary tract problem  Neurological condition Epilepsy	Allergies Drug Food Latex  Syndrome..... .....
Cardiac condition Heart murmur Rheumatic fever	Diabetes Thyroid problem	Vision problem Hearing problem	Other..... .....
Anaemia Blood disorder	Liver problem Hepatitis Gastro-oesophageal reflux	Oncology treatment  HIV/AIDS	

Is there anything you would like us to know about your child before seeing Dr Linnett?.....

Is there any other matter you would like to discuss in private with Dr Linnett? Yes / No

**PAYMENT**

Payment for treatment is required **at the end of each visit. No account will be issued.**

Please indicate payment method: CASH/ CHEQUE/ EFTPOS/ CREDIT CARD  
 Name of Dental Health Fund..... Do you have a Health Care Card Yes / No

Parent/Guardian signature \_\_\_\_\_

Print full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_