



Patient Registration Form

Patient Details	
Full Name:	Date of Birth:
Email:	Contact Number(s):
Address:	
Emergency Contact Person	Communication Requirements
Name:	Any communication requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	<i>If yes, please advise:</i> _____
Contact number:	_____
Physical Requirements	
Do you require special transport arrangements (e.g. ambulance transfer)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please advise when booking appointment</i>	Are you able to self-transfer into a dental chair? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please specify type of assistance required and who will be providing it:</i> _____ _____ _____
Are you a wheelchair user? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify type of wheelchair:</i> <input type="checkbox"/> Manual <input type="checkbox"/> Electric	
Dental Anxiety History	
On a scale of 1 – 10, please indicate the level of your dental anxiety: 1 2 3 4 5 6 7 8 9 10 <i>No Anxiety</i> <i>Severe anxiety</i>	
Consent/Guardianship	
Are you under the care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am self-consenting <i>If yes to the above, please specify:</i> Type of guardianship: <input type="checkbox"/> Health <input type="checkbox"/> Finance Relationship of Guardian: <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Statutory Health Attorney <input type="checkbox"/> Public Guardian	Guardian Name: Guardian Email: Guardian Contact Number:



Case/Recovery/Support Worker Details

Name:	Email:
Contact number:	Organisation:

Insurance and Finance Details

Do you have Private Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i> _____	Who is responsible for your account? <input type="checkbox"/> Self <input type="checkbox"/> Other <i>If Other, please specify:</i> Name: Contact Number: Email: Relationship (e.g. <i>immediate family, public trustee, financial guardian, power of attorney</i>): _____
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What to Bring to your First Dental Appointment (If Applicable)

- Any available health summary from medical general practitioner or specialist including hospital discharge papers or behavioural support plans and any advance health directives or statement of choices forms
- Medication list, including name and dosages/frequency of use
- Any physical aids/transfer aids/pillows/comfort blankets or items that may make your dental visit more comfortable for you
- Items you use for home oral hygiene care, including toothbrushes, mouth rinses, interdental brushes/floss, and toothpaste
- If you require a carer for assistance to transfer into a dental chair, please organise to bring them along to your dental appointment
- For any special transport requirements (e.g. *ambulance transfer/domiciliary visit requirements*), please discuss these arrangements with the dental team

We appreciate the time you took to share all these important details with us, and we look forward to seeing you at your dental appointment. Please email registration form and any relevant documents to info@snda.com.au.