

Initial Patient Questionnaire

Height

Weight

Are you or do think you may be PREGNANT?

YES NO

Please TICK if you have had any of the following:

Skin:

- Itching
- Rash
- Ulcers
- Piercing
- Tattoos
- Pigmentations
- Lack, loss of body hair

Extremities

- Varicose veins
- Swollen painful joints
- Muscle weakness, pains
- Bone deformity, fractures
- Prosthetic joints

Eyes

- Blurring of vision
- Double vision
- Drooping of eyelid
- Glaucoma

Ear, nose, throat

- Earache
- Hearing loss
- Frequent nosebleeds
- Sinusitis
- Frequent sore throat
- Hoarseness

Respiratory

- Cough, blood in sputum
- Bronchitis, emphysema
- Wheezing
- Asthma
- Tuberculosis
- Exposure to TB

Cardiac

- Shortness of breath
- Pain, pressure in chest
- Heart attack
- Swelling of ankles
- High blood pressure
- Low blood pressure
- Rheumatic fever
- Scarlet fever
- Heart murmur
- Prosthetic valves
- Pacemaker
- Stents

Gastrointestinal

- Difficulty in chewing, swallowing
- Eating disturbances
- Heartburn
- Jaundice
- Liver disease
- Gerd
- Hepatitis

Genitourinary

- Difficulty, pain on urination
- Blood in urine
- Excessive urination
- Kidney problems
- Sexually transmitted diseases

Endocrine

- Thyroid trouble
- Weight change
- Diabetes
- Excessive thirst

Haematopoietic

- Easy bruising
- Excessive bleeding
- Swollen glands
- Anaemia
- HIV
- AIDS
- Leukaemia
- Problems with immune system
- Spleen problems

Neurological

- Frequent headaches
- Seizures
- Neuritis
- Neuralgia
- Numbness
- Paralysis

Psychiatric

- Anxiety
- Depression
- Other

Growth or tumour

- Radiotherapy
- Chemotherapy

Females only

- Changes in menstrual cycle
- Oral contraceptives
- HRT

Medication

- Bisphosphonates (Osteoporosis)

If you ticked any of the above or you have any other health issues, please provide details:

I have answered these questions truthfully and completely. I will not hold staff members of the Quinlan Advanced Dental Care responsible for errors that I may have made.

Date

Patient signature



Privacy, Appointment and Cancellation Policies

Privacy Policy

We seek your consent to obtain and process personal data for the purpose of providing you with dental treatment safely and to the highest standards.

We may communicate with you by email/text or phone regarding appointments and it is practice policy to send you a reminder of when your next appointment or regular check up visits are due. We seek your consent to use your personal data for this purpose.

A copy of our 'Practice Privacy Statement' can be found on www.quinlandentalcare.com.

By Appointment (Only)

Quinlan Dental Care sees patients by appointment only. We make every effort to provide prompt medical care to all of our patients.

It is your responsibility to know when your next appointment is scheduled. We send reminder texts as a courtesy, but the responsibility of remembering your appointment is still yours.

Missed Appointments (No shows)

Missed appointments (no shows) affect our ability to provide timely attention to our patients. When a patient does not show up for their appointment, another patient loses an opportunity to be seen.

If you are unable to make your appointment, we respectfully ask that you notify our clinic at least **3 working days** in advance. Failure to cancel an appointment that you do not attend will be considered a missed appointment or no show.

Cancelled Appointments (Late)

We make every effort to maintain appointment time commitments and we request that you extend the same courtesy to us. If your appointment is for surgical procedure or longer than hour and a half, at the time of booking your appointment you will be asked to leave a deposit. This will be deducted from your overall treatment cost. However, if you fail to provide us with at least **4 working days'** notice if you need to cancel your appointment, deposit taken is non-refundable.

Thank you for understanding the importance of keeping your appointment.

Date

Patient signature

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