

# NORTHLAND DISTRICT HEALTH BOARD

*Te Poari Hauora Ā Rohe O Te Tai Tokerau*



## NDHB PUBLIC DENTAL SERVICE ENROLMENT/CONSENT FORM

Please fill out details below & return as soon as possible

GIVEN NAMES:		FAMILY NAME:		Date of Birth / /		
Also Known As:						
Siblings:						
RESIDENTIAL ADDRESS:						
<i>Postal Address: ( if different from above)</i>						
Phone No's: Home:		Work:		Mobile:		
Alternative Contact: Name:			Phone No:			
Ethnicity: <i>Please state only</i>				(This is for statistical purposes)		NZ Resident <input type="checkbox"/> <i>(please tick)</i>
Iwi:			Hapu:			
Gender:      Male          Female		NHI Number:		School:		

UPON SIGNING THIS ENROLMENT FORM YOU ARE CONSENTING FOR YOUR CHILD TO RECEIVE A DENTAL EXAMINATION, DENTAL X-RAYS AND PREVENTIVE CARE IF REQUIRED.

- Preventive Care Includes: Fluoride Varnish, Fissure Sealants.

If your child requires dental treatment additional to examination, dental x-rays and preventive care, you will be informed and asked for further consent before treatment begins.

We will treat your child in a safe and caring manner and may at times be required to gently hold your child's hand.

*If you have any queries about enrolment, or wish to attend appointments, please contact the Dental Team Ph ....., or call into the Clinic.*

Please Enrol \_\_\_\_\_ with The Public Dental Service

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Legal Guardian: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Please phone 0800 MY TEETH (0800 698 3384) for more information**

Further Information about Dental Treatment provided by NDHB Public Dental Service (Please keep for future reference)

### ***Fluoride Varnish***

This fluoride paste is applied to selected tooth surfaces to give protection to teeth that have early signs of decay or are particularly vulnerable to getting decayed.

### ***Fissure Sealant***

A fissure sealant is a tooth coloured plastic coating, which your Dentist/Dental Therapist applies to the chewing surfaces and sides of teeth that are at risk of getting decay. This is a very simple procedure that does not require local anaesthetic. This product contains fluoride, which gives added protection to the teeth.

Sometimes a pink fissure sealant is applied as temporary protection for a partially erupted tooth. This pink sealant will gradually wear away over the following 2 years.

### ***Glass- Ionomer Cement (GIC)***

This is a multi-purpose tooth coloured material that can be used both in preventing decay as well as restoring teeth. It is a tooth coloured material used often in deciduous teeth, but it is not generally the preferred choice for permanent teeth. It is quite strong but not as strong as silver amalgam or composite. This product contains fluoride, which gives added protection to the teeth.

Sometimes a pink coloured material is used. This indicates a temporary filling that may require further treatment.

### ***Silver Amalgam***

This is still considered by the dental profession as being the best filling material for back teeth, especially for large fillings in permanent back molar teeth. It is very strong and lasts a long time. It is not tooth coloured and does not contain fluoride.

### ***Composite***

This is a material that is mainly used to fill front teeth, as it is quite strong and tooth coloured. This material does contain a small amount of fluoride, which gives added protection to teeth.

### ***Stainless Steel Crowns***

These are pre-formed, tooth shaped crowns, made of stainless steel and are a very good way to restore heavily decayed or heavily filled back baby teeth.

### ***Local Anaesthetic***

This procedure allows for painless dentistry. It involves an injection of local anaesthetic into the gum tissues. It numbs the tooth and surrounding area.

### ***Dental Radiographs/X-rays***

These are an integrated part of a routine dental examination. They are used to aid diagnosis and detect early tooth decay, which cannot normally be seen clearly by the naked eye. Dental Radiographs also assist with detecting other abnormalities such as congenitally missing teeth or extra teeth.

### ***Clean and Scale***

This removes stain and hard debris from tooth surfaces.

### ***Pulpotomy***

This is a type of root canal treatment that is sometimes carried out on back baby teeth.

***You can help protect your child's teeth against decay by encouraging your child to:***

- i) ***Drink lots of water and milk – Water does not cause tooth decay.***
- ii) ***Eat lots of delicious fresh fruit and vegetables for snacks – nutritious food is great for the body and teeth.***
- iii) ***Brush twice a day – using a soft toothbrush, with a small pea-sized amount of adult strength toothpaste. BRUSH, SWISH, SPIT – do not rinse, this will give the toothpaste more time to work properly.***

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# NORTHLAND DISTRICT HEALTH BOARD

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## Northland DHB Public Dental Service

### Confidential Health Questionnaire

#### **Note for Parents/Guardians:**

Please fill this form in on behalf of your child as appropriate.

MR MRS MISS MS (Please circle one)	
Surname:	First Names:
Address:	
Tel no.(home):	(work/mobile):
Gender: Male/ Female	Date of Birth:
Ethnicity ( <i>this is required for statistical purposes only</i> ):	
Name of person to contact in emergency:	
Phone no. of person to contact in emergency:	
Name of last dentist:	
Name of medical practitioner:	

**1). Are you receiving any medical treatment at present?** **Yes / No**

If yes, what for?.....

.....

**2). Have you any medical conditions at the moment or in the past?** **Yes / No**

If yes, what are they?:.....

.....

**3). Are you taking any tablets, capsules, medicines or drugs?** **Yes /No**

*(for women only)* **Are you taking an oral contraceptive?** **Yes /No**

If yes, please list them:

.....

.....

.....

**4). Have you had any bad effects or allergies to any medicines or** **Yes/No**

**procedures?** (*E.g. Penicillin, other antibiotics, other drugs /chemical agents, latex or general anaesthetic*)

If yes, please explain: .....

.....

PLEASE TURN OVER

5) Have you ever had any of the following (please circle or delete as appropriate)?

<b>Heart trouble</b> (e.g. <i>heart attack, murmur, surgery or angina</i> )	<b>Yes</b>	<b>No</b>
<b>Rheumatic fever or heart valve damage.</b>	<b>Yes</b>	<b>No</b>
<b>Blood pressure problems</b>	<b>Yes</b>	<b>No</b>
<b>Anaemia</b>	<b>Yes</b>	<b>No</b>
<b>Diabetes</b> (controlled or uncontrolled)	<b>Yes</b>	<b>No</b>
<b>Kidney or liver trouble</b> <i>If a kidney problem are you on dialysis?</i>	<b>Yes</b> Yes	<b>No</b> No
<b>A known bleeding disorder or abnormal bleeding/bruising?</b>	<b>Yes</b>	<b>No</b>
<b>Chest/ Breathing problems</b> (e.g. <i>pneumonia or emphysema</i> )	<b>Yes</b>	<b>No</b>
<b>Asthma</b>	<b>Yes</b>	<b>No</b>
<b>Epilepsy, Fits or Seizures</b>	<b>Yes</b>	<b>No</b>
<b>Depressive illness</b>	<b>Yes</b>	<b>No</b>
<b>Drug dependence</b>	<b>Yes</b>	<b>No</b>
<b>Arthritis</b>	<b>Yes</b>	<b>No</b>
<b>Hepatitis or Human Immuno Deficiency Virus (HIV)</b> <i>If Yes to Hepatitis, do you know what type?.....</i>	<b>Yes</b> Yes	<b>No</b> No
<b>Tuberculosis</b>	<b>Yes</b>	<b>No</b>
<b>Facial trauma or facial bone fractures?</b>	<b>Yes</b>	<b>No</b>
<b>A bone disorder? (eg: Pagets disease, Osteoporosis)</b>	<b>Yes</b>	<b>No</b>

6) **Have you ever had cancer, chemotherapy or radiotherapy** **Yes / No**  
 If Yes, please give details?  
 .....

8) **Do you smoke?** **Yes / No**  
 If yes, how many a day?

9) **Do you drink alcohol?** **Yes / No**  
 If yes, how many drinks per week?

10). **Do you carry a Medic-Alert card or bracelet?** **Yes / No**  
 If Yes, what for?  
 .....

11). **Have you ever had a poor reaction to local anaesthetic?** **Yes / No**

12). **Do you have an artificial or prosthetic joint?.....** **Yes / No**

13) **Are you or have you been on steroids in the last year?** **Yes / No**

14). **Do you take any blood thinners (eg: warfarin or aspirin)** **Yes / No**

15) **Females Only:** Are you pregnant? **Yes / No**  
 If yes, how many weeks?.....

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THANK YOU**