SimplyDental
Smiling Together

Mobile Dental Programme
Student Enrolment Form

Date: _____/_____/_____ School: _____Year level _____

YOUR DETAILS

First Name:	**D.O.B**(day/month/year) _____/_____/_____
Last Name:	**Male ☐ Female ☐**
Preferred/nick name	**Ethnicity/s** (e.g. NZ, Maori, Samoan, Indian)
Home Address e.g. 12 Black Road	**Home ph.**
Suburb/area e.g. Cannons Creek, Newtown	**Mobile**
Email:	

Parent/Caregiver Details

	1st parent/caregiver	**2nd Parent/caregiver**
Name (First and Last)		
Relationship (e.g. mum/dad/nana)		
Mobile Ph.		
Email		

Medical Q's	**Y/N**	**If YES What?**
Do you have any medical conditions? **E.g**. Asthma, Diabetes, Rheumatic Fever, Heart Murmur, Epilepsy	YES ☐ NO ☐	
Do you take medications? **E.g.** pills, injections.	YES ☐ NO ☐	
Allergies? **E.g.** medicines, foods	YES ☐ NO ☐	
Do you have any **Dental Concerns?**	YES ☐ NO ☐	
Orthodontics: Do you have, or will be getting braces?	YES ☐ NO ☐	
Anything else?	YES ☐ NO ☐	
Last dental visit	**Date:**	**Where?**

I understand I am enrolled to receive free/funded dental care from Simply Dental and am not enrolled with another dental care provider for free dental care: **YES ☐ NO ☐**

I understand, and am happy to be seen today for a Dental check-up with X-rays **YES ☐ NO ☐**

Signed _____ **Date:** _____

File Updated ☐	Xrays in Sch. folder ☐	Xrays in file ☐	NE F/up Call comp. ☐	NE TBC call ☐	NE Call Comp Conf. ☐ O/D ☐	Updated on SC Master ☐

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Self-Care Questionnaire

Oral Hygiene

How often do you brush? ☐ 1 x per day ☐ 2 x per day ☐ 3-4 x per week ☐ 1-2 x per week

Do you floss you teeth? ☐ YES ☐ NO Do you use a mouth wash? YES ☐ NO ☐

Dietary Habits: Score yourself 1- 6

1 = 3+ daily	**2** = 1-2x daily	**3** = 3+ wkly	**4** = 1-2x wkly	**5**= 1-2x mthly	**6** = less than mthly

In the table below, circle the number that best describes how often you have the following

Foods / Drink	Score
Treat/junk foods e.g. Lollies, biscuits, chippies, chocolate, ice cream	**1 2 3 4 5 6**
Snacks foods e.g. Muesli bars, flavoured yoghurt, cheese and crackers, canned fruit	**1 2 3 4 5 6**
Take-away foods e.g. fish + chips, McDonalds, KFC, Pizza	**1 2 3 4 5 6**
Flavoured drinks e.g. fizzy, juice, energy drinks, cordial/Raro, Milo	**1 2 3 4 5 6**
Fresh fruit and vegetables e.g. banana, apple, orange, carrots, celery, lettuce, tomato	**1 2 3 4 5 6**

Meal	**What do you normally eat?** E.g. Breakfast: toast with jam, or, Weetbix & sugar
Breakfast	
Lunch	
Dinner	
Snacks	
Main Drink @ School	**Main Drink @ Home:**

Based on your self-care answers and your dental check-up, **your Risk Level is:** LOW MEDIUM HIGH

Dental Recall Period: 6mth ☐ 12mth ☐ We recommend the following care…

☐ **Congratulations you're doing well and only need a Self-Care Plan**	
Preventative Care	☐ Additional X-ray ☐ Fluoride gel ☐ Protective Coatings ☐ Scaling/clean
Restorative Treatment	☐ Fillings x_____ ☐ Extraction of Adult / Baby tooth x_____ ☐ Root Canal Treatment ☐ ACC Care ☐ Prior Approval needed ☐ Your care is **Urgent!** ☐ Other _____
Later: In 6mths	☐ 6mth Check-up/Preventative ☐ 6mth Clean ☐ 6mth Perio Clean
Self-care Support	☐ 3mth Check-in ☐ 6mth Check-in **Reason:**

I have had my annual dental plan explained; I understand and agree to receive the care recommended

Signed _____ **Date:** _____

File Updated and Checked by: _____ Clinical care provided by: _____