

MEDICAL HISTORY

SOME MEDICAL CONDITIONS AND SOME MEDICINES AFFECT
DENTAL CARE

PLEASE ANSWER THE FOLLOWING QUESTIONS

Has the client ever had: *please tick*

Rheumatic Fever Yes No

A Heart Condition Yes No

Diabetes Yes No

Epilepsy Yes No

Hepatitis A, B or C Yes No

Asthma Yes No

Bleeding trouble Yes No

HIV/AIDS Yes No

Any other Medical Condition? Yes No

If yes, please specify: _____

An Allergy to a drug or substance: Yes No

If yes, please specify: _____

Is the Client taking any pills or medicines

Prescribed by a doctor? Yes No

If yes, please specify: _____

Name of Family Doctor: _____

Permission to contact Doctor if necessary:

Signature: _____

ORAL HEALTH SERVICES

Wairoa Adolescent Programme

Enrolment Form



CONDITIONS OF AGREEMENT FOR SERVICE

HAWKE'S BAY DISTRICT HEALTH BOARD ORAL HEALTH
SERVICES PROVIDES DENTAL SERVICES FREE TO
WAIROA COLLEGE STUDENTS UP TO AGE 18

WE WILL PROVIDE

- Dental examination.
- Advice on Dental Health.
- Cleaning and scaling.
- Treatment to help prevent decay (fissure sealants and or fluoride applications).
- The treatment of decay in teeth with appropriate filling materials.
- X-rays.
- The use of local anaesthetic.
- Referral for specialist treatment.

YOU HAVE THE RIGHT TO EXPECT

- High quality dental care.
- To be consulted about dental care.
- To be treated with respect.
- That all information given will be safeguarded in terms of the Health Information Privacy Code 1994.

YOUR RESPONSIBILITIES ARE

- To keep us informed of any changes in medical history.
- To make sure appointments are kept and we are informed if this is not possible.
- To advise us of any change in telephone number or address.
- To develop good dental health practices.

ALL WAIROA COLLEGE STUDENTS

ORAL HEALTH SERVICES APPLICATION FOR ENROLMENT
AND AGREEMENT FOR SERVICE

Full Name of Student: _____
(Surname) (First Name)

Full Postal Address: _____

Telephone Number: _____
(Home) (Contact)

Form Class: _____

Male Female Date of Birth: _____

Ethnic Group: NZ European Māori Samoan
 Cook Island Māori Tongan Niuean Chinese
 Indian Other (eg Dutch, Japanese, Tokelauan)

Please state:

***By enrolling with Hawke's Bay District Health Board
Oral Health Services, you enter into an agreement with us.
This agreement gives rights and responsibilities to both
parties.***

***I have read and understand all conditions in the agreement for
service on the previous page.***

Signature: _____
(signature of parent/caregiver if under 16 years of age)

***Please return this form along with the Medical History (over page) to
your School Office or the Wairoa Community Dental Clinic***

Dental

Please turn over