



Mobile Adolescent Dental Service (MADS)

PO Box 70173, Fraser Cove, Tauranga
 Mobile Surgery: (027)298 9741 - Office: (07) 577 4183

ENROLMENT FORM

PATIENT DETAILS:

Title:	First Name(s)	Family Name:
Date of Birth:	Gender M / F	NHI:
Ethnicity: <input type="checkbox"/> NZ Maori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (please specify) _____	College / High school currently attending:	
Has your adolescent attended a dentist in 12mths YES / NO	Dentist Name:	

PHYSICAL ADDRESS

Street and Number:	City/Town	Postal Code
Postal Address/ PO Box:		
Home Phone	Mobile	
Email		

EMERGENCY CONTACT / NEXT OF KIN

Name:	Relationship:
Home Phone:	Mobile:

MEDICAL HISTORY Please circle any of the following conditions you have experienced

Heart disease	Asthma	Epilepsy	Diabetes
Rheumatic Fever	Bleeding Condition	Hepatitis A, B or C, If yes please state:	HIV/ Aids

CLINICAL INFORMATION

Current GP:	GP Contact Ph:	
Please identify any allergic reactions have experienced including, Anaphylaxis, Penicillin, anaesthesia alert, latex allergies etc : Please list your current medications to ensure safe management of your oral health needs.	Allergies:	
	Drug Name:	Purpose:
Are you pregnant? YES / NO	Are you taking Birth control Pills? YES / NO	

CONSENT FOR ENROLMENT

- I am consenting to free:
Annual examination / cleaning & scaling / x-rays/ and Fluoride treatment if required
- I am authorised to sign this form because I am the parent / legal guardian of the adolescent under 16yrs of age
- I am authorised to sign this form because I am 16yrs of age or older

PRINT NAME:	
SIGNATURE:	DATE:



CODE of HEALTH & DISABILITY SERVICES CONSUMER RIGHTS	
RIGHT 1	The right to be treated with respect
RIGHT 2	The right to freedom from discrimination, coercion, harassment and exploitation
RIGHT 3	The right to dignity and independence
RIGHT 4	The right to services of an appropriate standard
RIGHT 5	The right to effective communication
RIGHT 6	The right to be fully informed
RIGHT 7	The right to make an informed choice and given informed consent
RIGHT 8	The right to support
RIGHT 9	Rights in respect of teaching and research
RIGHT 10	The right to complain

The purpose of collection of your health information is primarily for your child's care and treatment and will remain confidential. Health information can be used for quality and health audits, training and research also.



dreamstime.com