



Confidential Patient Application

Revive A Smile is a non-profit dental charity. The more information you can provide, the better we will be able to assess your needs. Information you provide will be confidential to Revive A Smile and its professional advisers. Please email completed application to reviveasmile@gmail.com or post to PO Box 21053 Hamilton. **Please answer ALL questions, incomplete forms will be rejected.**

Personal Details

Name:..... Date of Birth:.....
Address:.....
Telephone: Home:..... Mobile:.....
Email Address:.....

Medical History

In order to provide the best & safest dental treatment the dentist needs to know of any medical problems you have.
Have you had a serious illness or operation? (provide details).....
Have you been hospitalised? (provide details)?.....
Are you taking any medications/supplements or drugs (including herbal)?.....
If YES please specify ALL.....
Are you allergic to any medication (eg: penicillin or any other antibiotics)?.....
Have ever had an unfavourable reaction to an anaesthetic?.....
Do you have any other Allergies?.....
Are you a smoker?
For Female patients: Are you pregnant?..... Are you breast feeding?.....

Do you have or have had any of the following (please tick if you have a condition otherwise leave blank):

- COVID19 or are awaiting a test result.
- Heart Disease (including heart Attack, prosthetic valves/stents)
- Hypertension (High blood pressure)
- Bleeding Disorders
- Fainting or seizures
- Diabetes
- Asthma
- Kidney problems/liver disease
- Hepatitis A B or C (please circle)
- Stomach ulcers/reflux
- HIV/AIDS
- Tuberculosis
- Back or Neck problems
- Rheumatic fever
- Other (please specify) _____

Dental History

When did you last go to a dentist?.....
Do you have dental insurance cover?.....
What do you do to look after your teeth?

Do you have access to oral care products such as tooth paste and brush?.....
How do you feel about your oral health?.....
Are you currently experiencing tooth ache or oral pain/discomfort?

What would you like to get out of this charity dental service?.....

Social Background & financial hardship

What is your Ethnicity?.....Do you require a translator?
Are you currently employed? If so what is your occupation:.....
What is your weekly wage?.....
What other sources of income do you and your house hold have?
Please Specify.....
Are you entitled to a government benefit/ WINZ, please specify amount?.....
Have you used WINZ subsidized dental care in the last year?.....
Do you hold a current Community Services Card? If so have you used it for dental treatment in the last year?
.....
Community Services Card Number (required):.....
Client Number:.....
Expiry Date:

Your Story

Tell us your story please include details of any social and or financial hardships. You’re welcome to attach a separate sheet for this question. If you have photographs of your teeth you are welcome to attach these also.

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Consent & terms of service

Revive a Smile is a NZ based dental charity run by a team of health professionals. The charity aims to reduce oral health disparities experienced by at-need adults. Revive a Smile reserves the right to deny treatment and the decision of the charity is final. There are criteria to be eligible for treatment, please don’t be offended if you don’t meet them. We are not obligated to provide a reason for declining an application or disclosing our assessment process. Priority is given to applicants of low income who hold current community services cards. You may be asked to make a contribution or donation. We may not be able to solve all your dental problems and we cannot offer urgent services as there is usually a waitlist for appointments. We do not offer specialist orthodontic, cosmetic or implant treatments. Before treatment begins the dentist will explain the nature of the proposed treatment and you have the right to refuse. If you have complex dental problems the dentist may notify them to you and you may need to get them attended to outside of the charity programme. If the dentist decides that your treatment can not be managed on our clinic they may arrange a referral for you or ask you to seek care elsewhere. The dentist's decision is final. We do not provide any guarantee on treatment received. If you require further treatment on the same tooth you may be required to seek care outside the charity programme. We cannot pay for you to have any remedial work done or to see another dentist. We do not provide any compensation for the rare chance of any complications that may occur. Abuse towards our staff will not be tolerated. As appointments are limited, if you fail to attend an appointment or cancel a booked appointment without sufficient notice, you are unlikely to be offered another. If offered an appointment, you will be required to complete a COVID19 health risk assessment. If we determine that we cannot safely see you, your appointment will be cancelled and your application denied. If our services are disrupted due to COVID19 your appointment will be cancelled and we may not be able to offer another. Information collected including treatment details, radiographs (x-rays) or photographs taken during your visits may be used on social media, press releases, audits, research purposes or to apply for grants, scholarships, sponsorship. You may be required to take part in publicity or media activities for the charity or its sponsors/ affiliates. You can choose to remain anonymous. Although rare, accidental injury to staff can occur during handling of used instruments. If this happens, we require both yourself and the injured staff to undertake a prompt blood test.

By signing this form you confirm that the information you have provided is true and correct and you agree to the terms of service outlined above. You accept that if you provide misleading or false information you may be liable for the full (private) cost of treatment, and any enforcement costs, including legal costs and expenses.

YOUR SIGNATURE.....DATE:.....