The Monitor Practice Program
Patient Cost and Fluoride History Analysis

Thank-you for taking the time to complete this questionnaire!

It is important that we gain some understanding of your costs incurred in attending today.

Did you come to the surgery on your own? ☐ Yes ☐ No

If not, who accompanied you today? _____

What mode of transportation did you use in attending your appointment today?

☐ Motorcar ☐ Motorcycle ☐ Bus ☐ Train ☐ Walked ☐ Taxi ☐ Bicycle

Did you pay for your own transport? If yes, how much? _____

How much time will it take to get to and from the surgery today? _____

How may kilometres did you travel to get here today? (estimate) _____

Have you taken time off work/school/university today? ☐ Yes ☐ No

If yes, how much time have you taken off? _____

Is someone minding the children while you came here today?

If yes, who, and is a fee involved? How much? _____

What would you have normally done instead of being here today?

_____

Are there any other costs you feel we should consider? *(please write below)*
e.g. health fund premiums / out-of-pocket expenses

Continued over page…….

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In this section we would like to find out about your lifetime exposure to fluoride.

We realise some of this information may be hard to remember!!
If you're not sure or can't remember that's fine - just do the best you can.

Where were you born? _____ Date of Birth:_____

Could you please try and list as many locations you have lived and the age you were when you lived in that location? Don't include suburbs in the same city.

Location__ _____ My age at that time _____

Location__ _____ My age at that time _____

Location__ _____ My age at that time _____

Location__ _____ My age at that time _____

Location__ _____ My age at that time _____

Location__ _____ My age at that time _____

Were you given fluoride supplements (tablets) as a child? ☐ Yes ☐ No

If YES, do you remember when how old you were when you stopped taking these? _____

Do you remember the dentist putting fluoride on your teeth as a child_____?

Do you remember the dentist putting fluoride on your teeth an adult_____?

Do you use a fluoride toothpaste? ☐ Yes ☐ No If yes, how often? _____times per day

Do you drink:

☐ Tap water (a) ☐ Filtered Tap water (b) ☐ Bottled water (c)

☐ Tank Water (d) ☐ I don't drink water (e)

☐ A combination of (use letters) above _____

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Thank You!