

## WHEN:

Monday 7 Sept — Saturday 12 Sept 2020  
Monday 14 Sept — Thursday 17 Sept 2020

## WHERE:

Bay of Islands Hospital (Kawakawa)  
Kaikohe Oral Health Clinic (10 Marino Place,  
Kaikohe)

## BY WHO:

New Zealand Defence Force and Northland  
District Health Board Oral Health Services

## COST:

**Free**

## To be eligible:

You must:

- ☐ Have a severe toothache or dental infection
- ☐ Hold a current Community Services Card (CSC)
- ☐ Reside in the mid north area, Northland  
(please see map for defined area)

## To book an appointment:

- Please call 0800 4 WISDOM (0800 4 947366)
- Hand in your completed documents to your GP or at Bay of Islands Hospital Reception
- Email to [wisdom.tooth@northlanddhb.org.nz](mailto:wisdom.tooth@northlanddhb.org.nz)

## For more information:

Please call 0800 4 WISDOM (0800 4 947366) or email -  
[wisdom.tooth@northlanddhb.org.nz](mailto:wisdom.tooth@northlanddhb.org.nz)

## On the Day

### Where can you park?

Please see the map. The **parking area** has been marked with a purple arrow. The car park will be clearly marked out on the day with signs.

### Where do you go on arrival?

Please go to the **Old General Ward** building which has been highlighted on map with the big **yellow** arrow

### Time to arrive?

20 minutes **before** your appointment time

### How long will my appointment take?

All appointments will be scheduled for 40 - 50 minutes

### What to bring?

- Community Services Card (CSC) or screenshot of your 'MyMSD' login showing your client number
- Form of photo identification (passport, driver's licence, etc.); and
- List of any medication that you are currently taking

### What type of treatment will I receive?

Any of the following depending on your relief of pain needs; For example: Check-up, X-rays, Fillings, Extractions and Local Anaesthetic. Required treatment will be discussed with you on the day of your appointment.

### What if I miss my appointment?

You need to call 0800 4 947366 at least an hour before if you are unable to attend your appointment. If you do not attend your appointment on the time and day given, then you will **NOT** be offered a second appointment.

### Is there any Child Care?

Unfortunately there is **NO** child care facilities provided on the day so you will need to organise whānau or friends to care for your children.

\* Please note there is wheelchair access if needed.

**Appointments are limited so please  
return forms as soon as possible**

## CHECKLIST TO BE ABLE TO BOOK AN APPOINTMENT

- ☐ Have a current Community Service card
- Client number: \_\_\_\_\_
- Card Expiry Date: \_\_\_\_\_

*\*If you do not have a Community Services Card but believe you may be eligible, please call 0800 999 999 or fill in the attached Community Services Card application form.*

- Drop the filled form at your nearest WINZ/MSD office
- Scan and email all documents to: [csc\\_enquiries@MSD.govt.nz](mailto:csc_enquiries@MSD.govt.nz)
- Or Post it to : **Seniors Support Centre**

**Ministry of Social Development**  
**P O Box 5054**  
**Wellington 6145**

*Please note it can take up to 10 working days for your CSC application to be processed. Appointments can not be made unless you have a current Community Services Card or can show your client number via your MyMSD login.*

### To make an appointment:

Complete and sign the following documents:

- ☐ Confidential Health Questionnaire (Medical History Form)
- ☐ Photo Consent Form
- ☐ Copy of your Community Services Card *OR* screenshot of your client number via your 'MyMSD' login

### THEN EITHER:

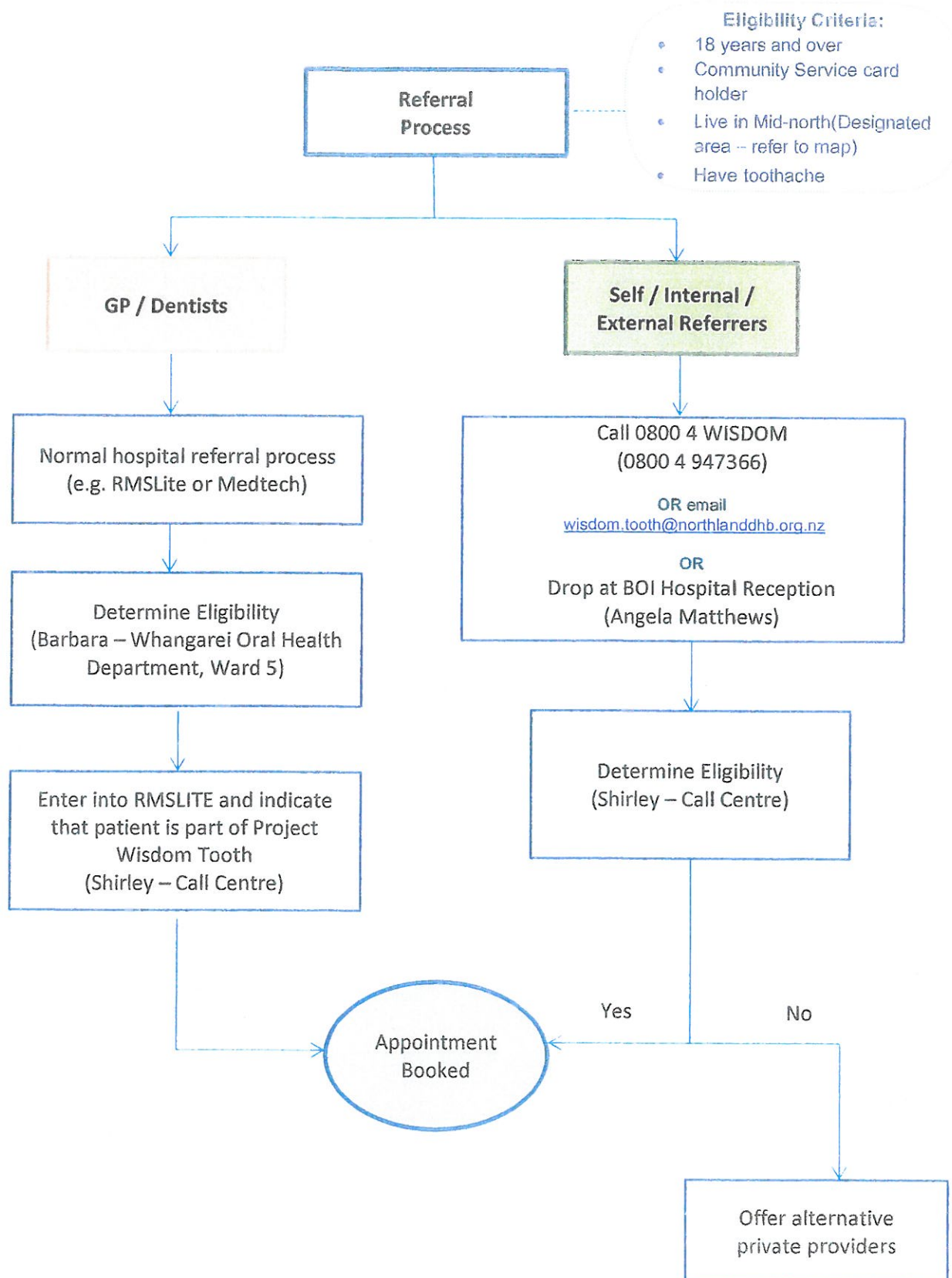
- Scan your completed and signed documents to [wisdom.tooth@northlanddhb.org.nz](mailto:wisdom.tooth@northlanddhb.org.nz)  
OR
  - Drop off documents to Angela Matthews, Main Reception, Bay of Islands Hospital (Kawakawa) – Hospital Road, Kawakawa between 8.30am—4.30pm, Monday to Friday or Ph: **0800 4 947366** for more information  
OR
  - Return documents to your referring GP/health provider
- ☐ If you have a disability and will benefit from extra support, please let us know ahead of your appointment. 0800 4 Wisdom or [wisdom.tooth@northlanddhb.org.nz](mailto:wisdom.tooth@northlanddhb.org.nz)

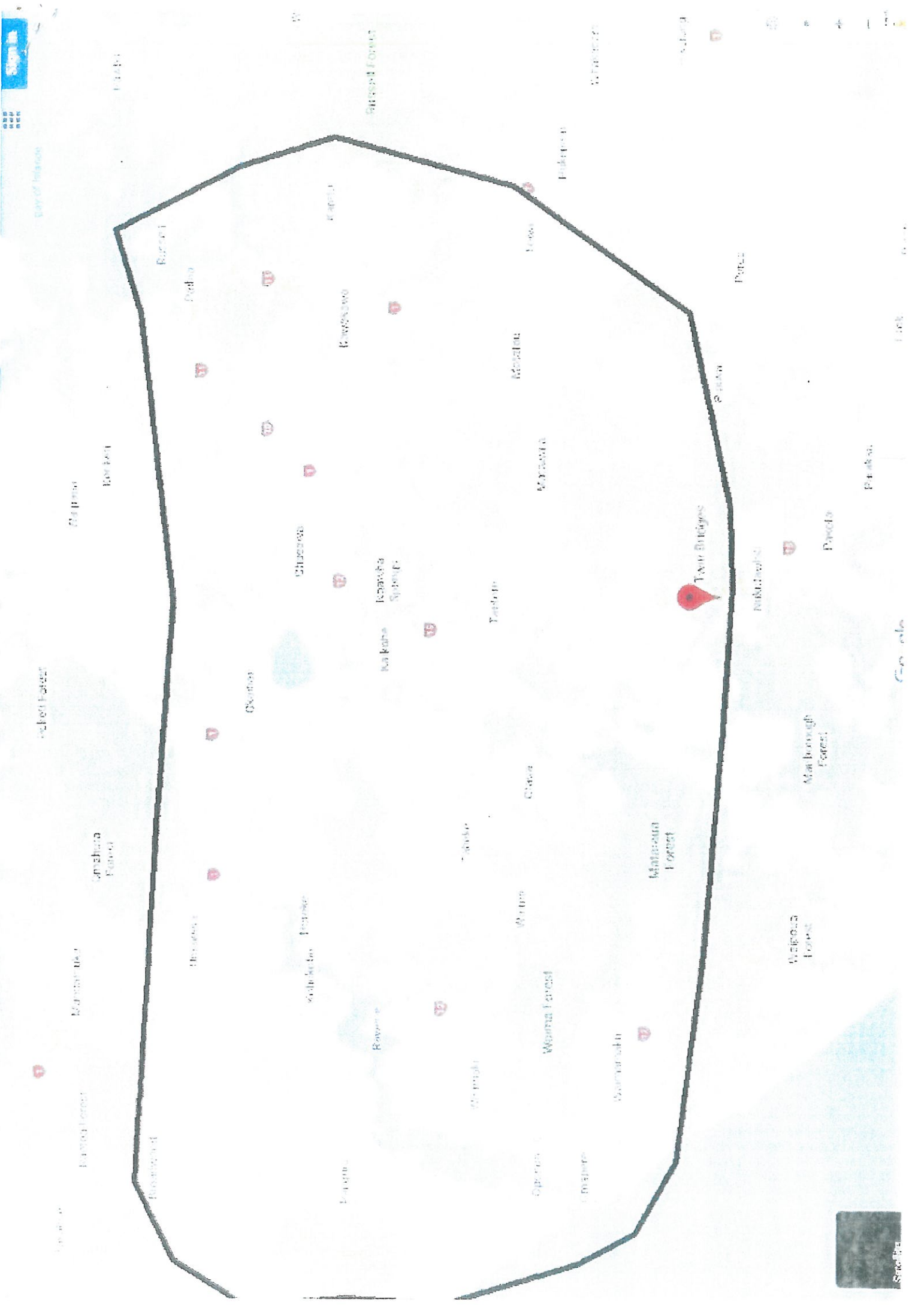
### On the day:

- ☐ Bring your Community Services Card or your client number via your MyMSD login
- ☐ Bring a form of photo ID (passport, driver's license etc.) to your appointment
- ☐ Bring a list of any medication you are currently taking
- ☐ If you would like to bring a support person, or will require an interpreter please let us know ahead of your appointment. 0800 4 Wisdom or [wisdom.tooth@northlanddhb.org.nz](mailto:wisdom.tooth@northlanddhb.org.nz)



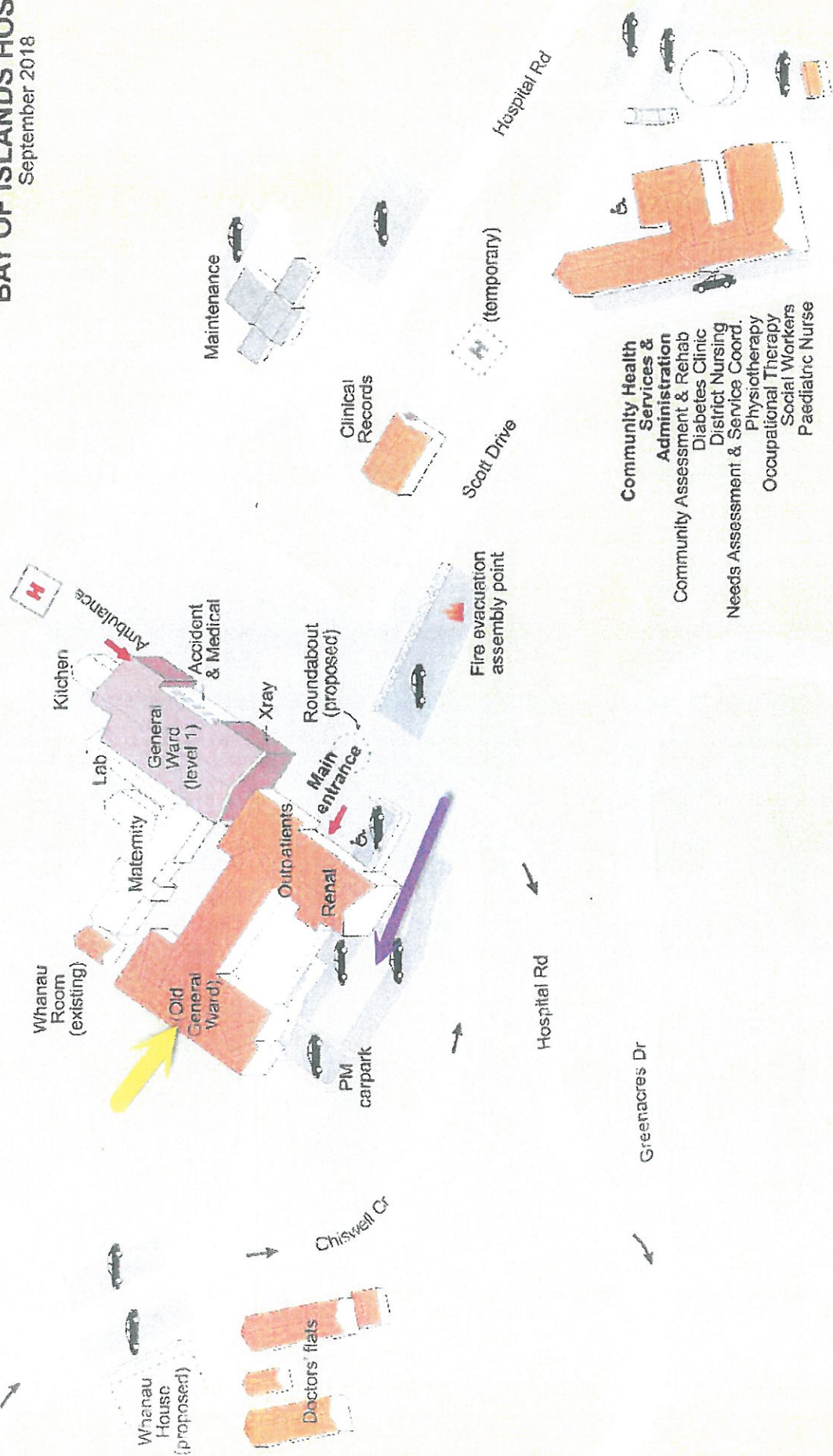
## Project Wisdom Tooth - 2020





# BAY OF ISLANDS HOSPITAL

September 2018



Bay of Islands Area Health Services  
 Phone: (09) 4042858 Fax: (09) 4042851  
 PO Box 290, Kawakawa 0243  
 New Zealand  
[www.northernlandhb.org.nz](http://www.northernlandhb.org.nz)





## Confidential Health Questionnaire

NHI: .....

Mr	Mrs	Miss	Ms	(Please circle one)
<b>Last Name:</b>		<b>First Name:</b>		
<b>Postal Address:</b>				
<b>Email Address:</b>				
<b>Phone No's: Home:</b>		<b>Work:</b>		<b>Mobile:</b>
<b>Gender: Male</b>		<b>Female</b>		<b>Date of Birth:</b>
<b>Ethnicity:</b> <i>Please State (for statistical purposes only)</i>				
<b>Alternative Contact:</b>		<b>Name:</b>		<b>Phone Number:</b>
<b>Name of Last Dentist</b>				
<b>Doctor (GP)/ Practice Name:</b>				
<b>Doctor (GP) Phone Number:</b>				

- 1) Are your teeth causing you pain? Yes/No  

Pain level: 1 2 3 4 5 6 7 8 9 10
- 2) How would you describe the health of your teeth or mouth? Yes/No  

Excellent / Very Good / Good / Fair / Poor
- 3) Are you receiving any medical treatment at present? Yes/No  
 If yes, what for? .....  
 .....  
 .....
- 4) Have you any medical conditions at the moment or in the past? Yes/No  
 If yes what are they? .....  
 .....  
 .....
- 5) Are you taking any tablets, capsules, medicines or drugs? Yes/No  
 (For females only) Are you taking an oral contraceptive? Yes/No  
 If yes, please list: .....  
 .....  
 .....
- 6) Have you had any bad effects or allergies to any medicines, food or procedures?  
 (E.g. Penicillin, other antibiotics, other drugs/chemical agents, peanuts, latex or general anaesthetic) If yes, Please explain:  
 .....  
 .....

7)

<b>Heart Trouble</b> (e.g. heart attack, murmur, surgery or angina)	Yes	No
<b>Rheumatic fever or heart valve damage</b>	Yes	No
<b>Blood Pressure problems</b>	Yes	No
<b>Anaemia</b>	Yes	No
<b>Diabetes</b> (controlled or uncontrolled)	Yes	No
<b>Kidney or liver trouble</b> If a kidney problem are you on dialysis?	Yes	No
<b>A known bleeding disorder or abnormal bleeding/bruising?</b>	Yes	No
<b>Chest/Breathing problems</b> (e.g. pneumonia or emphysema)	Yes	No
<b>Asthma</b>	Yes	No
<b>Epilepsy, Fits or Seizures</b>	Yes	No
<b>Depressive illness</b>	Yes	No
<b>Drug dependence</b>	Yes	No
<b>Arthritis</b>	Yes	No
<b>Hepatitis or Human Immuno Deficiency Virus (HIV)</b> If yes to Hepatitis, do you know what type?	Yes	No
<b>Tuberculosis</b>	Yes	No
<b>Facial trauma or facial bone fractures?</b>	Yes	No
<b>A bone disorder?</b> (e.g. Paget's disease, Osteoporosis)	Yes	No

- 8) **Have you ever had cancer, chemotherapy or radiotherapy** Yes No  
If yes, please give details: .....
- 9) **Do you or any family members smoke or vape?** Yes No  
If yes, how many a day? .....  
Would you be interested in smoking cessation advice? Yes No
- 10) **Are you or your family fully immunised?** Yes No
- 11) **Do you drink Alcohol? If yes, how many drinks per week?** ..... Yes No
- 12) **Do you carry a Medic-Alert card or bracelet?** Yes No  
If yes, what for? .....
- 13) **Have you ever had a poor reaction to local anaesthetic?** Yes No
- 14) **Do you have an artificial or prosthetic joint?** Yes No
- 15) **Are you or have you been on steroids in the last year?** Yes No
- 16) **Do you take any blood thinners** (e.g. warfarin or aspirin) Yes No
- 17) **Females ONLY: Are you pregnant? If yes, how many weeks?** ..... Yes No

Please note this information is only valid for 3 months.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## PROJECT WISDOM TOOTH

### PUBLICITY PHOTOGRAPH PERMISSION FORM

Thank you for agreeing to participate in Project Wisdom Tooth. This project is a dental initiative between Northland DHB and the New Zealand Defence Force providing emergency and essential dental care to eligible adults. We may take some photographs or video for media and publicity purposes. If you are asked, we would be grateful if you could give your permission for a photo or video to be taken.

I give permission for photographs or video to be taken as part of Project Wisdom Tooth. I am aware that these images may be used for educational, promotional and media purposes by Northland DHB and New Zealand Defence Force.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance





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Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance