

TITLE:	
FIRST NAME:	
SURNAME:	
DATE OF BIRTH:	HOME TEL:
	MOBILE TEL:
HOME ADDRESS:	
POSTCODE:	
EMAIL:	
NHS NUMBER: (Your NHS number can be requested from your GP, they may ask you for identification)	
OCCUPATION :	
IF STUDENT SCHOOL/COLLEGE ATTENDING	
YOUR DOCTORS NAME:	
DOCTORS PRACTICE NAME:	
DOCTORS PRACTICE ADDRESS:	
POSTCODE:	
HOW DID YOU HEAR ABOUT THE PRACTICE?	
ONLINE	WORD OF MOUTH
YELLOW PAGES	WEBSITE
LEAFLET	OTHER (Please specify)
WHO MAY WE THANK YOU FOR INTRODUCING YOU?	
SIGNATURE:	DATE:

OPTIONAL QUESTIONS			
HOW OFTEN DO YOU BRUSH YOUR TEETH AND FOR HOW LONG?			
TWICE A DAY		ONCE A DAY	
WHEN I REMEMBER		MORE THAN TWICE A DAY	
HOW OFTEN DO YOU FLOSS OR USE OTHER INTER-DENTAL PRODUCTS?			
TWICE A DAY		ONCE A DAY	
WHEN I REMEMBER		MORE THAN TWICE A DAY	
WHEN BRUSHING YOUR TEETH DO YOU EVER HAVE ANY BLEEDING FROM THE GUMS?	YES	NO	
DO YOU HAVE ANY CURRENT CONCERNS WITH YOUR TEETH?	YES	NO	
WOULD YOU CONSIDER YOURSELF AS A NERVOUS DENTAL PATIENT?	YES	NO	
WHAT MAKES YOU NERVOUS?			
WHEN DID YOU LAST VISIT THE DENTIST?			
HAVE YOU EVER VISITED THE HYGENIST?			
IF YOU HAVE ANY CROWNS/BRIDGES/IMPLANTS OR DENTURE PLEASE LIST:			
ARE YOU HAPPY WITH YOUR SMILE?	YES	NO	
IF NOT WOULD YOU LIKE TO DISCUSS THE OPTIONS AVAILABLE TO YOU?	YES	NO	
WE OFFER TEETH WHITENING, IS THIS SOMETHING YOU WOULD LIKE TO DISCUSS?	YES	NO	
WE OFFER TEETH STRAIGHTENING, IS THIS SOMETHING YOU WOULD LIKE TO DISCUSS	YES	NO	
OULD YOU LIKE TO RECEIVE OUR NEWSLETTER AND OTHER PRACTICE UPDATES BY EMAIL?	YES	NO	

Units of alcohol

1 pint=3units, Wine 175ml = 2 unit, Alcopop 1.4 units, single spirit = 1 unit, Bottle wine = 10 units

HABITS			
Qty			
Smoke (per day)		High sugar diet	Y/N
Chew Tobacco (per day)		Frequent fizzy drinks	Y/N
Alcohol Units (per week)		Recreational drugs	Y/N
Details			
HEART			
Rheumatic fever	Y/N	Heart Murmur	Y/N
High Blood Pressure	Y/N	Angina	Y/N
Heart surgery	Y/N	Thrombosis	Y/N
Pacemaker Fitted	Y/N	Other heart conditions	Y/N
Details			
BLOOD			
Hepatitis B	Y/N	Anaemia	Y/N
H.I.V	Y/N	Sickle cell	Y/N
Abnormal Blood Test	Y/N	Haemophilia	Y/N
Blood refused by transfusion service	Y/N	Other blood conditions	Y/N
Details			
ALLERGIES			
Penicillin	Y/N	Latex Allergy	Y/N
Hay Fever	Y/N	Medicines	Y/N
Anti Tetanus Serum	Y/N	Plants	Y/N
Eczema	Y/N	Foods	Y/N
General Anaesthetic	Y/N	Aspirin	Y/N
Local Anaesthetic	Y/N	Other Allergy Conditions	Y/N
Details			

WARNINGS			
Pregnant or possibly pregnant	Y/N	Do not Recline	Y/N
Antibiotic Cover Required	Y/N	Steroids within 2 years	Y/N
Bruising or persistent bleeding	Y/N	Warning card	Y/N
Currently under Treatment	Y/N	Treatment Req Hospitalisation	Y/N
Anything Dentist should know	Y/N		
Details			
CHEST			
Bronchitis	Y/N	Emphysema	Y/N
Cystic fibrosis	Y/N	Pneumonia	Y/N
Pleurisy	Y/N	Chest surgery	Y/N
Asthmatic	Y/N	Other chest conditions	Y/N
Details			
MEDICATION List			
OTHER			
Liver Disease	Y/N	Kidney disease	Y/N
Diabetes	Y/N	Epilepsy	Y/N
Acid Reflux or eating Disorder	Y/N	Hiatus Hernia	Y/N
Bone or joint disease	Y/N	Artificial joint	Y/N
Fainting attacks or blackouts	Y/N	Giddiness	Y/N
Past serious or infectious disease	Y/N	Cancer	Y/N
Details			

Signature:

Date:

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Name:

NHS number:

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DOB:

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