

New patient questionnaire

Title:

Name:

Address:

Date of birth:

Telephone number daytime:

evening:

Mobile:

Email:

Doctor's name and address:

Previous dentist:

How would you prefer for us to contact you?

Please tell us which days and times you prefer for appointments and we will do our best to accommodate them.

Please indicate if you are interested in the following types of dental treatment

- | | | | |
|--------------------------|---|--------------------------|----------------------|
| <input type="checkbox"/> | Crown or bridgework | <input type="checkbox"/> | Improving gum health |
| <input type="checkbox"/> | Seeing the dental hygienist | <input type="checkbox"/> | Dentures |
| <input type="checkbox"/> | Dental implants | <input type="checkbox"/> | Fissure sealants |
| <input type="checkbox"/> | Tooth Whitening | <input type="checkbox"/> | Cosmetic work |
| <input type="checkbox"/> | Facial aesthetics (eg. anti-wrinkle treatments) | | |

Other (please specify).....

How did you hear about the practice?

CONFIDENTIAL MEDICAL HISTORY FORM

We ask you for information about your general health to help us treat you safely. Please answer the health questions below and then sign the form on the back page. We will use this form at later visits to discuss any changes in your general health. All information will be kept strictly confidential.

Are you currently	Y	N	GIVE DETAILS
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines (e.g. tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant			

Do you suffer from	Y	N	GIVE DETAILS
Allergies to any medicines (eg penicillin), substances (eg latex/rubber) or foods?			
Hay fever or eczema?			
Bronchitis, asthma or other chest condition?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Heart problems, angina, blood pressure problems, or stroke?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			

