

(STRICTLY PRIVATE & CONFIDENTIAL)

This form has to be updated every 3 months

Title.....First Name..... Last Name.....

Address.....

.....

.....County.....Post Code.....

Tel..... (Work/Home) Mobile Tel No.....

Date of Birth.....E-mail

Occupation..... Name of GP.....

Please answer the following questions.

Are you taking any medicines or pills?.....Y ☐ / N ☐

If yes, please name them

Are you allergic to any medicines?.....Y ☐ / N ☐

If yes, please name them

Do you suffer from any heart conditions/ have Pacemaker?.....Y ☐ / N ☐

Do you suffer from any chest/ lung disease/ Asthma/ Bronchitis / COPD?.....Y ☐ / N ☐

(If yes, please specify)

Are you diabetic?.....Y ☐ / N ☐

Do you suffer from Epilepsy/ black-outs.....Y ☐ / N ☐

Did you suffer from rheumatic fever as a child?.....Y ☐ / N ☐

Have you ever suffered from Jaundice/ Hepatitis/ other liver problems?.....Y ☐ / N ☐

Do you suffer from any bleeding problems/ bruise easily?.....Y ☐ / N ☐

Have you ever suffered from HIV?.....Y ☐ / N ☐

Are you pregnant? (If yes, how many weeks?).....Y ☐ / N ☐

Have you had any major operations in the past?.....Y ☐ / N ☐

Are there any other major illnesses you suffer from?.....Y ☐ / N ☐

Will you be requiring sedation for your dental treatment?.....Y ☐ / N ☐

(For nervous patients. Your dentist will discuss this further with you).

Do you smoke?..... Y ☐ / N ☐ (if yes, how many daily?).....

Do you drink alcohol? Y ☐ / N ☐ (if yes how many units weekly?).....

Do you wish to have metal or white fillings? Metal ☐ / White ☐

Is there anything you don't like about your teeth?.....

How did you know about The Wilton Dental Practice?.....

NHS treatment payment : Available with Fees set by government ☐

NHS Free treatment: For patients receiving certain benefits set by government . ☐

If you are receiving any benefit, please make sure it entitles you to free dental treatment otherwise you will have to pay for your treatment. Please ask a member of staff for more information.

PLEASE NOTE THERE ARE PRIVATE TREATMENTS THAT ARE NOT AVAILABLE ON THE NHS

Private treatment – Independent dental fees not covered by NHS ☐

Do you have dental insurance to claim back your dental fees? Y ☐ / N ☐

Mixed treatment: Combination of NHS & Private dental treatment Y ☐ / N ☐

How do you intend to pay for your treatment?

1. Cash Date..... Signed.....
2. Debit / Credit card ☐

Communication consent

* Dental Practice

* Promotions

SMS

☐

☐

E-mail

☐

☐

Letter

☐

☐

Date

:

:

Date

:

:

Date

:

:

PLEASE TURN OVER

Dental History

OH regime -

1. I brush my teeth _____ times daily day
2. Type of tooth brush – Manual / Electric / Both
3. Interdental cleaning aids used - ID brushes ☐ How many times daily? _____
Dental floss - ☐ How many times daily? _____
4. Do you use mouth washes ? Yes / No
- 5.

Diet - Sugary/ acidic food or drinks- low / Moderate / high

Do your gums bleed when you brush your teeth?

We provide useful information on Social media. Please tick your media you would like us to give you information on

Would you like us to send you information about the practice and relevant dental information Yes ☐ No ☐ .

Facebook

☐

Instagram

☐

Twitter

☐

SnapChat

☐

TikTok

☐

WhatsApp

☐

LinkedIn

☐

YouTube

☐

Pinterest

☐