

NEW PATIENT INFORMATION

Before an appointment can be made for an examination

- **You must complete the attached medical history.**
- **Please indicate whether you are liable to pay for NHS dental treatment and if not which exemption applies.**

EXEMPTIONS (please tick)

- **UNDER 18 YEARS OF AGE**
- **AGED 18 AND IN FULL TIME EDUCATION**
- **EXPECTING A BABY**
- **HAD A BABY IN THE LAST 12 MONTHS**

I/MY PARTNER RECEIVE(S)

- **INCOME RELATED EMPLOYMENT SUPPORT ALLOWANCE**
- **INCOME SUPPORT**
- **INCOME BASED JOB SEEKERS ALLOWANCE**
- **TAX CREDIT EXEMPTION CERTIFICATE**
- **UNIVERSAL CREDIT**
- **PENSION CREDIT GUARANTEE CREDIT**
- **HC2/ HC3 CERTIFICATE FOR HELP WITH NHS COSTS**
- **I AM NOT EXEMPT FROM NHS DENTAL CHARGES**

If you are not exempt from NHS charges it is recommended that you bring £35 to your 1st appointment to cover additional NHS fees.

For all appointments

- We require 24 hours notice of cancellation, failure to do so may result in a charge
- Failure to attend will result in a charge
- All dental treatment must be paid for at each visit
- All treatment involving laboratory services must be paid in advance

I have read and agree to the above conditions

Signature.....Date.....

MEDICAL HISTORY INFORMATION

Title_____ Name_____

Address_____

Postcode_____ Date of Birth_____

Phone number_____ Mobile_____ Work_____

Email Address_____

Occupation_____

Where did you hear about the practice? (word of mouth/leaflet/Facebook/other...)_____

Basic Medical Information

Doctors name and practice details_____

Are you currently receiving any treatment from your doctor/hospital/other clinics? If so please specify_____

Do you currently have a medical warning card? _____

Do you have any mobility issues? _____

Are you currently taking any medication? (Prescribed or non-prescribed) please specify below

Medical History

Do you suffer from any of the following – if so please specify

Do you have any allergies? (eg. penicillin/latex) _____

Chest conditions? (eg. asthma/bronchitis) _____

Heart conditions? (eg. angina/heart attack/stroke/heart murmur)_____

Bone/Joint conditions? (eg. osteoporosis) _____

Diabetes? (eg. Type1/Type2) _____

Kidney or liver conditions? _____

Infectious diseases? (eg. HIV/Hepatitis) _____

Any other conditions? _____

Do you smoke? If so how many per day _____ Alcohol intake - How many units per week? _____

Height _____ Weight _____ BMI (if known) _____

Signature _____ Date _____