

# Welcome To EH Dental Care



**Please complete all 4 pages as fully as possible.**

If you are unsure of anything please do not hesitate to ask. This questionnaire is entirely confidential and no information you provide will be disclosed to a third party without your consent.

Title : - \_\_\_\_\_ Forename(s) : - \_\_\_\_\_

Surname : - \_\_\_\_\_ Date of Birth : - \_\_\_\_\_

Address : - \_\_\_\_\_

\_\_\_\_\_

Postcode : - \_\_\_\_\_

Tel. (Home) : - \_\_\_\_\_ Tel. (Work) : - \_\_\_\_\_

Tel. (Mob) : - \_\_\_\_\_ e-mail : - \_\_\_\_\_  
( please print your e-mail for clarity )

## The NHS Requires Us To Collect The Following Information

Do you have to pay NHS Dental Charges? Yes  NO

**If you do not have to pay all of your NHS dental charges please tick the box below that applies best to you.**

\*I or my partner has a current HC3 certificate for partial help with NHS Charges

I am under 18 years of age

\*I am 18 years old and in full time education

\*I am pregnant

\*I have had a baby in the last 12 months

I/My Partner receives

\*Income support

\*Income Based Job Seekers Allowance

I am/my partner is

\*Entitled to, or named on a valid NHS tax Credit Exemption Certificate

\*I am/my partner receives Pension Credit guarantee credit

\*I have a current HC2 certificate for full help with NHS charges

**\*If you have ticked any box with an asterisk above we are required to ask you for proof of your exemption status.**

## CONFIDENTIAL MEDICAL HISTORY FORM

Please circle the appropriate answer. If you answer yes to any questions please give details at the bottom of the page.

### ARE YOU:

1. Attending or receiving treatment from a doctor, hospital, clinic or specialist----- YES/NO
2. Taking any tablets, creams, ointments, injections, etc from your doctor ----- YES/NO
3. Taking now or within the last 2 years any creams or tablets containing a steroid----- YES/NO
4. Allergic to any medicines, foods or materials ----- YES/NO
5. Are you an expectant mother ----- YES/NO

### HAVE YOU:

1. Had rheumatic fever or chorea (St Vitus Dance)----- YES/NO
2. Had jaundice, liver, kidney disease or hepatitis----- YES/NO
3. Ever been told you have a heart problem such as angina, heart attack----- YES/NO
4. Been treated for high or low blood pressure----- YES/NO
5. Ever been treated with Bisphosphonate drugs - eg for osteoporosis----- YES/NO
6. Had a bad reaction to a general or local anaesthetic----- YES/NO
7. A preference for any type of local anaesthetic----- YES/NO
8. Had a joint replacement----- YES/NO
9. Ever had any form of brain surgery----- YES/NO
10. Any family members who have CJD (Creutzfeldt-Jakob Disease)----- YES/NO
11. Have you ever received Human Growth Hormone----- YES/NO
12. Been hospitalised----- YES/NO
13. Been treated for cancer----- YES/NO

### DO YOU:

1. Have arthritis----- YES/NO
2. Have a pacemaker, or have you had any form of heart surgery----- YES/NO
3. Suffer from hay fever, eczema or any other allergy----- YES/NO
4. Suffer from bronchitis, asthma or other chest condition----- YES/NO
5. Suffer fainting attacks, giddiness, blackouts or epilepsy----- YES/NO
6. Have diabetes or does anyone in your family have diabetes----- YES/NO
7. Bruise easily or have you bled so much as to cause you to be worried following tooth extraction, surgery or injury----- YES/NO
8. Carry a medical warning card----- YES/NO

Are there any other aspects about your health that you think we should know about YES/NO

Please note your doctor's name and address. \_\_\_\_\_

Name and contact telephone number of an immediate family member in case of emergency

\_\_\_\_\_

Signed (patient/parent/guardian) ..... Date.....

**If you answered YES to any question above please give details here**

/ continued overleaf

1. Is there a particular reason for your visit today?  
\_\_\_\_\_
2. How do you usually feel before visiting the dentist?  
Not at all anxious  Slightly anxious  Fairly Anxious  Very anxious  Extremely Anxious
- 2a If you feel anxious about your visit, what is it that worries you most?  
\_\_\_\_\_
- 3 How often do you usually attend the dentist?  
Every 6 months  every year  every few years  only when in pain
4. Concerning Smoking or Tobacco use, which category best represents you?  
Non-Smoker  I smoke \_\_\_\_\_ cigarettes per day  
I use a tobacco vapouriser ( Vape )
5. How many units of alcohol do you consume in a week?  
0  1-5  5-10  10-20  20-30  30+

6. What is your occupation? \_\_\_\_\_

	Yes	No
Are your teeth ever sensitive to hot, cold or sweet?	<input type="checkbox"/>	<input type="checkbox"/>

Does food wedge between any of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
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Do your gums bleed easily or feel tender and irritated?	<input type="checkbox"/>	<input type="checkbox"/>
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Are you concerned about bad breath or a bad taste in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>
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Would you like to have a conversation about the colour of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
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Would you like to have a conversation about the shape or position of any of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
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Which of the following do you use every day?		
<input type="checkbox"/> fluoride toothpaste	<input type="checkbox"/> Mouthwash,	<input type="checkbox"/> Fluoride tablets or drops
<input type="checkbox"/> Dental floss	<input type="checkbox"/> Sugar free Gum	<input type="checkbox"/> Not Applicable

We provide reminders of your appointments by e mail or sms text message, which would you prefer?  
I prefer E-mail reminders  Test message reminders

How did you hear About the Practice? \_\_\_\_\_

Please tell us about any members of your family that you would like to reserve a membership space in the practice for. Here

Would you like to register with the Medical Practice as well as the Dental Practice Yes  NO

**Thank you, for taking the time to complete this questionnaire**



## Terms and Conditions ( Practice Copy )

We are passionate about great dentistry. We believe in being open and honest about what we do. Most of all EH Dental is about people so we hope you love the time you spend here with us.....

### Lets Work Together...

We welcome patients of all ages and do our utmost to provide great dental care  
We provide quality NHS dentistry and more aesthetic private treatments if you wish  
You remain registered with us for as long as you want  
All that we ask is that you attend for your appointment at the agreed time  
Pay any charges for treatment on the day that treatment is received  
and let us know in advance if you cannot attend your scheduled visit.

That's it.....

### The Small Print

#### Your Registration

An initial examination is free there may be a charge for x rays or other investigations  
Assuming both you and your dentist agree a course of action, we will register you as a patient.  
NHS Terms and conditions apply so your registration is for as long as you wish, but we do ask that you attend at the recommended intervals

#### Appointments

If you miss an appointment or cancel without 48 hours notice a fee of £20 is charged.  
You will still have to pay this charge even if you are normally exempt from dental charges  
You may lose your registration if you miss or cancel visits without adequate notice.

#### Payment

If you have to pay dental charges you will always receive an estimate before treatment starts  
Payment is due on the same day that the treatment is provided

#### Problems

If you are unhappy with any part of our service please let us know  
Please do this as soon as possible either in person, via a feedback form at reception or e-mail our practice manager on [help@ehdental.co.uk](mailto:help@ehdental.co.uk)

I have received and read a copy of EH Dental Care terms and conditions

Signed \_\_\_\_\_

Date \_\_\_\_\_



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Please do this as soon as possible either in person, via a feedback form at reception or e-mail our practice manager on [help@ehdental.co.uk](mailto:help@ehdental.co.uk)

I have received and read a copy of EH Dental Care terms and conditions

Signed \_\_\_\_\_

Date \_\_\_\_\_