

Welcome to our Practice

We are very pleased you have chosen our practice to provide your dental care. So that we can do our best for you, we would like to ask a few questions that will only take a few minutes to answer.

Full name:
Address:

Postcode:

Telephone number (home):
Telephone number (work):
Telephone number (mobile):
Email address:

Date of birth: Age:

Doctor's Name:

ARE YOU:

Please mark with a 'YES' or 'NO'
Attending or receiving treatment from a doctor?

Taking any medication, pills, tablets, inhalers, injections etc?
Please List:

Have you taken Bisphosphonates at any time in the past?

Allergic to, or ever had a bad reaction to any medicines
(e.g penicillin) or substances

Latex allergy?

Do you suffer from diabetes or epilepsy?

HAVE YOU:

Had rheumatic heart fever, jaundice, kidney disease or hepatitis?

Ever been told you have a heart murmur or heart problem?

Had any blood pressure problems?

Had a pacemaker fitted or have you had any form of heart surgery?

DO YOU:

Suffer from hay fever, eczema or asthma?

Carry a warning card?

Think you may be pregnant?

Smoke? If so, how many?

Completed by: Self/Parent/Guardian

Signature

Date

Children under 18 years of age:
If the parent's/guardian's surname is different from the child's,
please write the surname below:

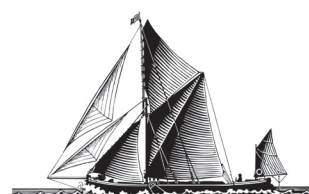
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Thank you for answering our questions.

OFFICE USE ONLY

Checked by

Date



KELVIN
HOUSE
DENTAL PRACTICE

Quality Dental Care
for all the Family