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Dentist sig and date

Computer No.

cramlington dental centre

To obtain the best and safest treatment, your dentist needs to know of any problems which may affect your treatment. Your cooperation in filling in this simple form will make it easier to assess any potential problems.

PLEASE FILL IN ALL SECTIONS AND DO NOT MISS ANY OUT

Please note that we may need to talk to your Doctor about any medical condition which may affect your treatment here. We will always discuss this with you beforehand and obtain your consent to do this.

<i>Completed by: Self/Parent/Guardian (please circle),</i>	
Signature:	Date:

ABOUT YOU		YOUR EXEMPTIONS	
Title:	Date of birth: M/F	Are you receiving? Income Support/Tax Credit	Y/N
NAME:		Jobseeker's allowance/Disability working allowance:	Y/N
Address:		Do you have: Cert. of exemption HC2:	Y/N
		Cert for part help HC3: Y/N for £ .	p
Postcode:	Last visit to dentist:	Any other exemption:	Y/N
Tel No home: (incl STD code)	Tel No work: (incl STD code)	Expectant Mother: Expected birthdate:	Y/N,
Mobile:	Email:	Baby born:	
Are there any other members of your family patients here, please list:			
Your Doctor's name and address:			

ABOUT YOU	YES	NO	PLEASE SUPPLY DETAILS
How many units of alcohol do you drink per week (1 unit= 1/2 pint, 1 measure or glass of wine)			
Do you smoke?			
If you have answered "No" to the above question, have you smoked in the past?			
Are you happy with your smile?	Have you ever thought about having your teeth whitened?		

Now, please turn this sheet over and complete the other side.

ARE YOU	YES	NO	PLEASE SUPPLY DETAILS
Attending or receiving treatment from a Doctor, hospital, clinic or specialist?			
Taking any medicines from your Doctor (pills, tablets, creams, lotions etc)? Please list these.			
Taken or have taken steroids in the last two years?			
Allergic to any medicines, foods or materials, eg Penicillin, Amoxil?			
HAVE YOU			
Had jaundice, liver, kidney disease or hepatitis?			
Ever been told you have a heart murmur, heart problem, angina or blood pressure?			
Had any blood tests, inoculations etc?			
Had a bad reaction to a general or a local anaesthetic?			
Had a joint replacement?			
Been hospitalised? If "YES", what for and when?			
DO YOU			
Have arthritis?			
Have a pacemaker, or have you had any form of heart surgery?			
Suffer from hay fever, eczema or any other allergy?			
Suffer from bronchitis, asthma or any other chest condition?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes?			
Bleed easily?			
Carry a warning card?			
Do you suffer from any infectious disease (including HIV or Hepatitis)?			
Are there any other aspects about your health that you think the dentist should know about?			