

Personal Health Form

(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
- 2. Debit / Credit card

Date.....

Signed.....

Thank You.

July 2015 | Aug 2018 / January 2019



<u>Communication consent</u>	SMS	E-mail	Letter	Date	Date	Date
* Dental Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	:	:
* Promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	:	:

Health

Payment