



COMBERTON

DENTAL SURGERY & IMPLANT CENTRE

*CONFIDENTIAL
MEDICAL & DENTAL
HISTORY FORM
FOR ADULTS*

Mr Mrs Miss Ms Please circle

*FULL NAME*_____

*PENNY WILKES BDS GDC 69579
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PERSONAL DETAILS

Thank you for selecting Comberton Dental Surgery to provide your dental care. We would like to offer you a very warm welcome. Please complete your personal details below.

ADDRESS _____

_____ POST CODE _____

DAYTIME TELEPHONE NUMBER _____

EVENING TELEPHONE NUMBER _____

MOBILE NUMBER _____

EMERGENCY CONTACT NAME & NUMBER _____

EMAIL _____

DATE OF BIRTH _____ OCCUPATION _____

NAME AND ADDRESS OF YOUR DOCTOR _____

NHS NUMBER _____

Please tick this box if you have any objections to having your personal details added to ☐ computerised data base.

Which dental practice did you last attend, and how long ago?

When did you last have x-rays taken?

For what reason did you choose Comberton Dental Surgery?

- ☐ Recommendation if so by whom _____
- ☐ Family member already a patient
- ☐ Convenient location
- ☐ Convenient times
- ☐ Internet
- ☐ Yellow pages
- ☐ Emergency treatment
- ☐ Other, please specify _____

At Comberton Dental Surgery our patients are very important to us and we continually strive to offer the highest standard of dental care.



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CONFIDENTIAL MEDICAL HISTORY

Certain medical conditions can affect dental treatment and vice versa.

ARE YOU	YES	NO	DETAILS
Attending or receiving treatment from a doctor, hospital, clinic or specialist? (What are you being treated for?)			
Taking any pills, tablets or medicines?			
Taking or ever taken Bisphosphonates? (to treat osteoporosis, prevents the loss of bone mass)			
Pregnant or nursing mother?			
Allergic to any medication or materials?			
Taking or have taken steroids?			
HIV Positive?			
HAVE YOU			
Had any serious illnesses or operations?			
Had Rheumatic Fever?			
Had Hepatitis?			
Any Heart complaint (including heart murmur)			
Diabetes? Or any family member?			
Epilepsy?			
Chronic bronchitis or asthma?			
Reacted adversely to a General or Local Anaesthetic?			
Had a joint replacement operation?			
Ever had brain surgery?			
DO YOU			
Suffer from high or low blood pressure?			
Suffer from excessive bleeding?			
Suffer from cold sores?			
Or a close relative have, or has had CJD?			
Smoke (if so what is your average per week?)			
Drink alcohol (if so what is your average weekly consumption?)			



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QUESTIONNAIRE

- Are you experiencing any problems at present? If yes please explain.
- What aspects of dental treatment concern you?
- What are your objectives for attending the practice?
- Are you satisfied with your teeth and their appearance? If not what would you like to achieve?
- Would you like whiter teeth?
- Do you have any discoloured or silver fillings that you would like to change?
- Do you have missing teeth that you would like to replace?
- Do your gums bleed when you brush them?
- What aids do you use to clean your teeth?
 - Manual toothbrush
 - Electric toothbrush
 - Toothpaste
 - Floss
 - Inter-dental brushes
 - Mouthwash
 - Other

At Comberton Dental Surgery we know how important your smile is to give you that feel good factor. We offer a wide range of cosmetic treatments to enhance your smile and these treatments prove to be extremely popular, giving our patients a whole new confidence with their smile.

COSMETIC TREATMENT AVAILABLE

- Tooth whitening
- White fillings
- Veneers
- Crowns
- Bridges
- Implants

Please tick any of the above that interest you.

Signed _____ Date _____



MEDICAL HISTORY UPDATE

[illegible]