



COMBERTON

DENTAL SURGERY & IMPLANT CENTRE

*CONFIDENTIAL
MEDICAL & DENTAL
HISTORY*

CONSENT

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PERSONAL DETAILS

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

NAME _____

ADDRESS _____

_____ POST CODE _____

DAYTIME TELEPHONE NUMBER _____

EVENING TELEPHONE NUMBER _____

MOBILE NUMBER _____

EMAIL _____

DATE OF BIRTH _____ OCCUPATION _____

NAME AND ADDRESS OF YOUR DOCTOR _____

NHS NUMBER _____

IN CASE OF AN EMERGENCY PLEASE CONTACT NEXT OF KIN:

NAME _____ CONTACT NUMBER _____

RELATIONSHIP TO YOU _____

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 & Implant Centre?

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

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

CONFIDENTIAL MEDICAL HISTORY

Certain medical conditions can affect dental treatment and vice versa

It is extremely important that you tell us of any medical conditions you have and list all medication that you are currently taking

ARE YOU	YES	NO	DETAILS
Attending or receiving treatment from a doctor, hospital, clinic or specialist? Please list conditions you are being treated for			
Taking any pills, tablets or medicines? Please list all medication			
Receiving or have you received treatment for cancer?			
HIV positive?			
Taking or ever taken Bisphosphonates? (to treat osteoporosis, prevents the loss of bone mass)			
Allergic to any medication or materials?			
Taking or have taken steroids?			
Pregnant or nursing mother?			
HAVE YOU			
Had any serious illnesses or operations?			
Had Rheumatic Fever?			
Had Hepatitis?			
Any Heart complaint or a pacemaker (including heart murmur)			
Ever had a stroke			



	YES	NO	DETAILS
Diabetes? Or any family member?			
Epilepsy?			
Kidney disease?			
Chronic bronchitis or asthma?			
Reacted adversely to a General or Local Anaesthetic?			
Had a joint replacement operation?			
Mobility issues?			
Ever had brain surgery?			
DO YOU			
Carry a warning card?			
Suffer from Dementia or Alzheimer's?			
Suffer from Parkinson's disease or Parkinsonian Tremors?			
Suffer from high or low blood pressure?			
Suffer from high cholesterol?			
Suffer from excessive bleeding?			
Suffer from Anxiety, Mood Swings, Panic Attacks or Depression?			
Suffer from cold sores?			
Or a close relative have, or has had CJD			
Smoke - if yes what is your average Consumption per week?			
Drink alcohol - if yes what is your average weekly consumption?			

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?
- Do you suffer from tooth decay?
- Which of the following do you have each day?
 - Medicines containing sugar
 - Sugary carbonated (fizzy) drinks such as Isotonic sports drinks and Acidic fruit
 - Diet carbonated (fizzy) drink
 - Sugary treats between meals
 - Sugar in hot drinks
 - Sugary snack or drink before bedtime
- 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 you clench or grind your teeth?
- Do your gums bleed when you brush them?
- What aids do you use to clean your teeth?
 - Manual toothbrush
 - Electric toothbrush
 - Fluoride toothpaste
 - Floss
 - Inter-dental brushes
 - Mouthwash
 - Other

At Comberton Dental Surgery & Implant Centre 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 _____