



COMBERTON

DENTAL SURGERY & IMPLANT CENTRE

*CONFIDENTIAL  
MEDICAL & DENTAL  
HISTORY*

*CONSENT*

*PENNY WILKES BDS GDC 69579  
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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**

<b>ARE YOU</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
Attending or receiving treatment from a doctor, hospital, clinic or specialist? <b>Please list conditions you are being treated for</b>			
Taking any pills, tablets or medicines? <b>Please list all medication</b>			
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?			
<b>HAVE YOU</b>			
Had any serious illnesses or operations?			
Had Rheumatic Fever?			
Had Hepatitis?			
Any Heart complaint or a pacemaker (including heart murmur)			
Ever had a stroke			



	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
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?			
<b>DO YOU</b>			
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?			

## GDPR consent for contact

I confirm that I give Comberton Dental Surgery & Implant Centre consent to use my personal information in the following ways:

	Yes	No
Software company (Dentsys) (computer system we use for clinical notes)		
Sending me recall appointment & reminders by post		
Sending me recall appointment & reminders by text message		
Sending me recall appointment & reminders by email		
Providing information to : <b>(A third party, leaving messages with the person named above or on an answer phone)</b>		
Details of my appointment times by text message or email		
Planned treatments by text message or email		
Treatment costs by text message or email		
Practice Plan Membership Scheme if applicable		
I understand that I may withdraw my consent at any time and will bring this to the attention of Comberton Dental Surgery & Implant Centre		

<b>Full Name:</b>
<b>Signed:</b>
<b>Date:</b>

**GDPR consent for photographs**

	Yes	No
I confirm that I give my consent to take photographs of my mouth for the purpose of Treatment Planning, Referrals, Dental Whitening & Facial Aesthetics.		
I confirm that I give my consent to my photographs being sent to Health Care Professionals, Hospitals or Dental Laboratories.		
I confirm that I give consent for my photographs to be used for advertising -Web site		
I confirm that I give consent for my photographs to be used for advertising – Social Media		
I confirm that I give consent for my photographs to be used for as part of a display or information leaflet		
I understand that I may withdraw my consent at any time and should I wish to withdraw consent I confirm that I will bring this to the attention of Emma Carter or Penny Wilkes		

<b>Full Name:</b>
<b>Signed:</b>
<b>Date:</b>

## 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 \_\_\_\_\_