



COMBERTON

DENTAL SURGERY & IMPLANT CENTRE

CONFIDENTIAL
MEDICAL & DENTAL
HISTORY
&
CONSENT

PENNY WILKES BDS GDC 69579

PAVANDEEP GILL BDS GDC 271431

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29 COMBERTON ROAD
KIDDERMINSTER
WORCESTERSHIRE
DY10 3DL

01562 751240

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: Insert name - _____ <i>leaving messages with the person named above – or on an answer phone</i>		
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		

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		

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 an x-ray taken?

For what reason did you choose Comberton Dental Surgery & Implant Centre?

- 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
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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)

YES NO

Ever had a stroke

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
Parkinson 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?

Yes No

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.