

Patient Questionnaire

Middleton Bank

Dental

TITLE:	
FIRST NAME:	
SURNAME:	
DATE OF BIRTH:	HOME TEL:
	MOBILE TEL:
HOME ADDRESS:	
POSTCODE:	
EMAIL:	
NHS NUMBER:	
(Your NHS number can be requested from your GP, they may ask you for identification)	
OCCUPATION :	
IF STUDENT SCHOOL/COLLEGE ATTENDING	
YOUR DOCTORS NAME:	
DOCTORS PRACTICE NAME:	
DOCTORS PRACTICE ADDRESS:	
POSTCODE:	
HOW DID YOU HEAR ABOUT THE PRACTICE?	
ONLINE	WORD OF MOUTH
YELLOW PAGES	WEBSITE
LEAFLET	OTHER (Please specify)
WHO MAY WE THANK YOU FOR INTRODUCING YOU?	
SIGNATURE:	DATE:

OPTIONAL QUESTIONS	
HOW OFTEN DO YOU BRUSH YOUR TEETH AND FOR HOW LONG?	
TWICE A DAY	ONCE A DAY
WHEN I REMEMBER	MORE THAN TWICE A DAY
HOW OFTEN DO YOU FLOSS OR USE OTHER INTER-DENTAL PRODUCTS?	
TWICE A DAY	ONCE A DAY
WHEN I REMEMBER	MORE THAN TWICE A DAY
WHEN BRUSHING YOUR TEETH DO YOU EVER HAVE ANY BLEEDING FROM THE GUMS?	YES NO
DO YOU HAVE ANY CURRENT CONCERNS WITH YOUR TEETH?	YES NO
WOULD YOU CONSIDER YOURSELF AS A NERVOUS DENTAL PATIENT?	YES NO
WHAT MAKES YOU NERVOUS?	
WHEN DID YOU LAST VISIT THE DENTIST?	
HAVE YOU EVER VISITED THE HYGENIST?	
IF YOU HAVE ANY CROWNS/BRIDGES/IMPLANTS OR DENTURE PLEASE LIST:	
ARE YOU HAPPY WITH YOUR SMILE?	YES NO
IF NOT WOULD YOU LIKE TO DISCUSS THE OPTIONS AVAILABLE TO YOU?	YES NO
WE OFFER TEETH WHITENING, IS THIS SOMETHING YOU WOULD LIKE TO DISCUSS?	YES NO
WE OFFER TEETH STRAIGHTENING, IS THIS SOMETHING YOU WOULD LIKE TO DISCUSS	YES NO
OULD YOU LIKE TO RECEIVE OUR NEWSLETTER AND OTHER PRACTICE UPDATES BY EMAIL?	YES NO

Medical History

Middleton Bank

Dental

Units of alcohol

1 pint=3units, Wine 175ml = 2 unit, Alcopop 1.4 units, single spirit = 1 unit, Bottle wine = 10 units

HABITS			
		Qty	
Smoke (per day)		High sugar diet	Y/N
Chew Tobacco (per day)		Frequent fizzy drinks	Y/N
Alcohol Units (per week)		Recreational drugs	Y/N
Details			
HEART			
Rheumatic fever	Y/N	Heart Murmur	Y/N
High Blood Pressure	Y/N	Angina	Y/N
Heart surgery	Y/N	Thrombosis	Y/N
Pacemaker Fitted	Y/N	Other heart conditions	Y/N
Details			
BLOOD			
Hepatitis B	Y/N	Anaemia	Y/N
H.I.V	Y/N	Sickle cell	Y/N
Abnormal Blood Test	Y/N	Haemophilia	Y/N
Blood refused by transfusion service	Y/N	Other blood conditions	Y/N
Details			
ALLERGIES			
Penicillin	Y/N	Latex Allergy	Y/N
Hay Fever	Y/N	Medicines	Y/N
Anti Tetanus Serum	Y/N	Plants	Y/N
Eczema	Y/N	Foods	Y/N
General Anaesthetic	Y/N	Aspirin	Y/N
Local Anaesthetic	Y/N	Other Allergy Conditions	Y/N
Details			

WARNINGS			
Pregnant or possibly pregnant	Y/N	Do not Recline	Y/N
Antibiotic Cover Required	Y/N	Steroids within 2 years	Y/N
Bruising or persistent bleeding	Y/N	Warning card	Y/N
Currently under Treatment	Y/N	Treatment Req Hospitalisation	Y/N
Anything Dentist should know	Y/N		
Details			
CHEST			
Bronchitis	Y/N	Emphysema	Y/N
Cystic fibrosis	Y/N	Pneumonia	Y/N
Pleurisy	Y/N	Chest surgery	Y/N
Asthmatic	Y/N	Other chest conditions	Y/N
Details			
MEDICATION List			
OTHER			
Liver Disease	Y/N	Kidney disease	Y/N
Diabetes	Y/N	Epilepsy	Y/N
Acid Reflux or eating Disorder	Y/N	Hiatus Hernia	Y/N
Bone or joint disease	Y/N	Artificial joint	Y/N
Fainting attacks or blackouts	Y/N	Giddiness	Y/N
Past serious or infectious disease	Y/N	Cancer	Y/N
Details			

Signature:

Date:

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Name:

NHS number:

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DOB:

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