

New Patient Dental History

Barley Mow Dental Care

Title: Mr / Mrs / Miss / Ms / _____ Date of birth: _____

Name: _____

Address: _____

_____ Postcode: _____

Phone: Home: _____

Work: _____

Email: _____

Email2: _____

Mobile: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Our practice policy is to confirm all appointments 72-24 hours beforehand.

This can be via phone, email or text messaging.

Please tick the means of communication you would prefer.

Occupation: _____

Referred by: _____

How did you hear about us? Word of Mouth / Yellow Pages / Yell.com / Website / WB Advertiser / Tesco?

Is another member of your household a patient or ex-patient? _____

This part of the questionnaire is to help your new dentist quickly grasp why you have come to see us for the first time. If any of it is too difficult or complex to summarise then please put a note on it saying 'discuss' and we will...

When did you last visit the dentist? _____

How often did you usually visit your dentist? _____ Or hygienist? _____

Are you having any problems or concerns with your teeth at present?

Are you concerned about the appearance or colour of your teeth?

Are there any particular aspects of dental treatment that concern you?

Medical details are covered on the reverse of this sheet.

If several family members are filling out the form only one full copy of the address is required.

