

New Patient Dental History

Barley Mow Dental Care

Title:

Date of birth:

Name:

Address:

Phone: Home:
Work:

Email:

Mobile

Occupation:

Postcode:

We try & confirm all appointments by phone, text or email.

How would you like to be contacted?

How did you hear about us?

If Word of Mouth who mentioned us to you?

Or 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?

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