

Personal Information Questionnaire

PLEASE BE AWARE WE DO NOT OFFER SEDATION AT THIS PRACTICE

Title:

Forename:

Surname:

Date of Birth:

Telephone Number:

Email Address:

Address, including Post Code:

NHS Number (if known):

Registered Doctor Details:

When and where was your last dental examination? (if exact date unknown, please estimate)

If this was within 1 year, what treatment was provided?

What is the reason for seeking registration with us?

If you are having any dental problems, please describe these here, along with any medication taken. (e.g. pain, infection, swelling, lost filling(s), broken tooth):

Do you require sedation for any of your treatment?

Yes

No

To book you with the relevant dentist for your needs, would you like to discuss any of the following:

- Cosmetic Dentistry
- Tooth Whitening
- Orthodontic Treatment (braces or clear aligners)
- Dental Implants
- Cerec

Do you currently weigh more than 22 stone (135kgs)?

Yes

No

If yes, how much do you weigh?

Please complete this form and return to the email address: dental.practicem760@nhs.net

Your first appointment will be for an examination and treatment planning only, please be aware that no treatment will be provided on your first appointment.