**Personal Information Questionnaire**

**Please be aware we do not offer sedation at this practice.**

Title: Click or tap here to enter text.

Forename: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Address, including Post Code: Click or tap here to enter text.

NHS Number (if known): Click or tap here to enter text.

Registered Doctor Details: Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

What is the reason for seeking registration with us?

Click or tap here to enter text.

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):

Click or tap here to enter text.

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?

Click or tap here to enter text.

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