

This form is designed to aid the dentist in formulating the most effective treatment regime for you as an individual.
Please answer the questions as fully but concisely as possible.

Name:

Date of birth:

Address:

Any information given by you in this form is confidential to the practice.

Under no circumstances will details be provided to a third party.

Home Telephone:

School:

E-mail:

Mobile:

Name of person with parental responsibility:

Primary Carer (if different):

Most convenient times for appointments:
(Please Tick)

	Mon	Tues	Wed	Thurs	Fri
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous Dental Surgeon:

Reason for leaving:

When was your last visit to the dentist?:

How frequently do you normally attend the dentist?:

What treatment did you have at your last visit?:

Have you ever been treated for Gum Disease or Pyeria?: YES ☐ NO ☐

Do you have any anxieties about dental treatment?:
Please give details

Do you have any problems or concerns with your teeth at the moment?: 1-----1

Any other comments of relevance to your dental treatment?: