

THE LEATHER LANE DENTAL PRACTICE

Gaynor Potter & Associates

Private & Confidential

	Title	First	Initial	Surname
Name:	_____	_____	_____	_____
Date of Birth:	_____		Occupation Preferred contact method	_____
Address:	_____			Email
Postcode:	_____			Mobile (please circle)
Home Phone:	_____			Landline
Mobile:	_____		Work Phone:	_____
			Email:	_____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

Name: _____ Telephone Number: _____

DOCTOR: Please provide us with your GP's details

Doctor's Name: _____ Telephone Number: _____

Doctors Address: _____ Postcode: _____

HOW DID YOU HEAR ABOUT THE PRACTICE? (If recommended who by?)

WHAT IS THE REASON FOR YOUR PRESENT VISIT?

DO YOU SUFFER FROM:	YES	NO	DETAILS
Allergies to any medicines (eg: Penicillin), Substances (eg: Latex/rubber) or foods?			
Hay Fever or eczema?			
Bronchitis, asthma or other chest condition?			
Fainting attacks, giddiness, blackouts or epilepsy?			
A heart murmur or heart problems, angina, blood pressure problems or stroke?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious disease? (including HIV or Hepatitis)			
Diabetes?			
Does anyone in your family suffer from diabetes?			

ARE YOU CURRENTLY?	YES	NO	DETAILS
Pregnant?			
Receiving treatment from a Doctor, Hospital, Clinic or Specialist?			
Carrying a warning card?			

HAVE YOU EVER HAD:	YES	NO	DETAILS
Rheumatic fever or chorea?			
Liver disease (eg: Jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service?			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in hospital?			
A pacemaker or any other form of heart surgery?			

ARE YOU CURRENTLY TAKING ANY PRESCRIBED MEDICINES? Please List
(eg: tablets, ointments, injections, inhalers, contraceptives etc)

ARE YOU CURRENTLY TAKING ANY SELF-PRESCRIBED MEDICINES? Please List (eg: aspirin, paracetamol etc)

ARE THERE ANY OTHER DETAILS ABOUT YOUR HEALTH WHICH YOUR DENTIST MIGHT NEED TO KNOW?

HOW MANY UNITS OF ALCOHOL DO YOU DRINK PER WEEK?
(a unit is half a pint of lager, a single measure of spirits or a single glass of wine)

_____ units per week

SMOKING & CHEWING:	YES	NO	IN PAST	DETAILS
Do you smoke any tobacco products now or did you in the past?				Number per day:
Do you chew tobacco, pan or supari now or in the past?				Number per day:

Completed by: Patient / Parent / Guardian / Carer (Please delete as appropriate)

Signed: _____ **Print Name:** _____ **Date:** _____

Clinician: _____ **Signed:** _____ **Date:** _____