

CONFIDENTIAL Medical Questionnaire

Name: Surname First Names Dr / Mr / Mrs / Miss / Ms

Home Address: Please tell us why you chose us: [] Convenience [] Recommendation [] Emergency Treatment [] Yellow Pages [] Website [] Passing by [] Any other reason
D.O.B: Dentist: Dr D Jheeta
Home Phone: NHS number:
Work Phone:
Mobile:
NI number:

How we use your information

At JD Dental Care, we take your contact details to remind you of your appointments and to tell you about special offers. If you are happy for us to contact you, please tick the relevant boxes.

Please contact me by:

Post [] Email [] SMS [] Phone []

Occupation:

Email :

Details of person to contact in an emergency:

Name: Phone Number:

GP : GP Phone :

MEDICAL HISTORY

Do you have Hepatitis? Yes / No
Do you suffer from Epilepsy? Yes / No
Do you suffer from Diabetes? Yes / No
Do you smoke? If so how many? Yes / No
Do you suffer from breathlessness? Yes / No
Do you carry a Medical Warning Card? Yes / No
Have you ever had Rheumatic Fever? Yes / No
Do you suffer from any heart trouble? Yes / No
Have you ever had Abdominal Bleeding? Yes / No
Do you suffer from High Blood Pressure? Yes / No
Is there any chance you could be pregnant? Yes / No
Do you suffer from Chronic Asthma / Bronchitis? Yes / No
Do you have problems with your Kidneys (e.g. Dialysis)? Yes / No
Is there a history of bleeding disorders in your family? Yes / No
Do you have any Allergies, if so please specify? Yes / No
Have you recently travelled abroad, if so where? Yes / No
Do you have any other illnesses, if so please specify? Yes / No
Are you taking any medication, if so please specify? Yes / No
How many units of alcohol do you consume in a week? Yes / No
(A unit is half a lager, single spirit or glass of wine)

Are you exempt from NHS Charges? Yes / No
Would you like a FREE CONSULTATION for cosmetic treatment? Yes / No

Are you happy with the way your teeth look? Yes / No / Unsure

Which Scheme do you prefer?

[] Premier Service (private)
[] NHS
[] Denplan

Have you considered cosmetic treatment?

[] Teeth Whitening [] Other
[] Invisible Braces
[] Implants

Sign Date Sign Date

Sign Date Sign Date