

**Reg/MH FORM (confidential)**

Your confidentiality is protected by data protection Act

To be completed by Patient, Parent, or Guardian

**Please hand this form to the Dentist in the surgery.**



Account Settlement in Advance		Please tick		
Payment Method	Debit Card	Cheq.	Cash	Exempt
Reception Initials:				

Unpaid account fee: 8% + £10 Admin reminder fee each time reminder sent out. Fail to attend fee may apply.

Full name:	Male / Female
Date of birth:	Occupation:
House No./ Name:	Postcode:
Email:	Phone No:
Emergency contact:	Mobile No:
GP's name & tel.no:	
GP's address:	

**Medical History**

Please use reverse side for extra space.

Please tick the box under Yes/No	YES	NO	Details
Ladies Only, Are you pregnant? Expected due date:			
Are you receiving any treatment from a doctor/specialist/hospital/ clinic?			
Are you taking any prescribed medication? (Such as tablets, creams, inhalers, injections, contraceptives or HRT?)			
Do you or anyone in your immediate family have diabetes?			
Are you allergic to any medicines or materials?			
Do you carry a warning card?			

Please tick the box under Yes/No	YES	NO	Details
Do you have angina or high/low blood pressure?			
Do you have bronchitis, asthma or any other chest condition?			
Do you have fainting attacks, giddiness, blackouts or epilepsy?			
Do you bruise easily or bleed excessively?			
Do you smoke or use tobacco products (such as paan or guktha)?			
Have you ever used tobacco products in the past?			
Do you drink alcohol?			
If Yes, how many units of alcohol do you drink in a week? (Please circle)			
1-5    6-10    11-15    over16			
(A unit is a half pint measure of lager/a single measure of spirits or a glass of wine)			
Have you ever had rheumatic fever?			
Have you ever had a heart attack?			
Have you ever had heart surgery or a pacemaker fitted?			
Have you ever had a stroke?			
Have you ever had jaundice, liver, kidney disease or hepatitis?			
Have you ever had a joint replacement or other implant?			
Have you ever had a bad reaction to general or local anaesthetic?			
Have you taken steroids in the last two years?			
If you are taking anti-clotting medication what is your INR? _____			
Completed by: Self / Parent / Guardian (please circle where applicable)			
Further information:			
Declaration: I confirm that to the best of my knowledge, the information I have provided on this form is accurate and complete and give consent for payments to be debited to my card to cover my dental treatment fees if required.			
<b>Patient/Guardian signature &amp; date:</b>			
Dentist Initials & date:			
Computer update MH Initials & date:			
Computer update DETAILS Initials & date:			