

Patient questionnaire

These details must be completed as a minimum prior to your check-up appointment. Please note **payment is due on the day of your treatment**. Please ask for a treatment plan estimate.

PLEASE NOTE WE CHARGE FOR BROKEN OR CANCELLED APPOINTMENTS WITHOUT 24 HOURS NOTICE.

Title.....
First names..... Known as.....
Surname..... Date of Birth.....
Male/female.....

Home Address (including flat position)

.....
.....
.....
.....
Post Code.....

Work Details

Occupation.....
Employer.....
Work Address.....
.....
Post Code.....

Home tel:.....
Work tel:.....
Mobile:.....
Email.....

Doctors Details

Doctors name..... Surgery.....
Doctors Tel:.....

Are you exempt from paying NHS fees?

If yes please state exemption:

.....
(eg- If you are Pregnant, Had a baby in the last 12 months, In receipt of: Income Support, JSA, Employment Support Allowance, Tax Credit NHS Exemption Card, Pension Credit Guarantee, HC2 or HC3 Certificate)

Marketing

How did you find out about us.....

Medical Questions

We require the completion of this section to allow our professional teams to have a full understanding of your medical history prior to your initial appointment. Answers that you provide in this section will remain confidential.

Are you:

Likely to be pregnant?.....

Receiving medical treatment? (Please Specify).....

.....
Taking any medication? (Please Specify).....

.....
Allergic to anything?(Please Specify).....

.....
Allergic to penicillin or chlorhexidine?.....

Do you have:

A heart problem?.....

Angina?.....

High blood pressure?.....

A pacemaker?.....

Diabetes?.....

Arthritis?.....

Epilepsy, fits or faints?(Please Specify).....

Asthma or bronchitis?(Please Specify).....

COPD?.....

HIV?.....

Have you ever had:

A heart attack?.....

A stroke?.....

Jaundice?.....

Hepatitis or liver problems?(Please Specify).....

Blood related diseases?.....

Blood refused?.....

A heart valve replaced?.....

Growth hormone treatment?.....

A bad reaction to local anaesthetic?.....

Any hospital treatment/ operations? If yes please state.....

Do you:

Carry a warning card?.....

Taken Bisphosphonates.....

Bruise easily?.....

Bleed excessively?.....

Have an infectious disease?.....

Take or have taken steroids?.....

Smoke? If so how many per day?.....

Drink alcohol? If so how many units per week?.....

Signature.....**Date**.....

Please always update the dentist on any changes, thank you.

Practice Information

Please detach and keep this page for your records and hand the first two pages to reception.

Registered patients

Patients are registered once they have had an exam **and** completed the course of treatment the dentist has prescribed. Once treatment has been completed NHS forms will be submitted to the health board for payment and the patient is then registered. Provided the patient attends for regular examinations and treatment they will remain registered. Patients who don't complete treatment will be sent to the health board as incomplete fail to return patients and will not be registered.

Payments

Patients will receive a treatment plan estimate following their examination appointment. This will show treatment that has been recommended by your dentist. The treatment plan will be broken down into appointments and the cost for each appointment. **Fees must be paid after each appointment.** Patients should be aware that treatment plans can change from time to time and if this happens you will be fully informed.

Emergency appointments

Emergency appointments are available on a first come first serve base for registered patients. Please phone as early as possible on **0141 5500014**. An- out of hour's service is available for registered patients.

Cancellations

Please give us at least **24 hours notice to cancel appointments**. Short notice cancellations and failed to attend appointments will be charged at £15 per fifteen minute appointment. However if we manage to fill the appointment we will not charge. If you phone out of hours please leave a message on the time stamped answer phone. If you are unable to keep an appointment please phone the practice and let us know as soon as possible especially over weekends, you may be depriving other patients of an appointment. Appeals for charges should be made in writing to the Practice Manager.

Courtesy reminders

Park Dental Company like to text patients 48 hours before appointments. If you would prefer not to receive reminder texts please let one of the reception staff know.

Failed Appointments

Patients who fail appointments will have other future appointments cancelled if we do not hear from them within two days of the failed appointment. We may also ask the patient to pay their failed to attend fee before booking any more appointments. Patients who continue to 'Fail to attend' appointments could be de-registered from the practice.