

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.

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

Home Address

House.....
Street.....
Town.....
City.....
Post Code.....

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

Work Details

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

Doctors Details

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

Marketing

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

Please let us know if you don't want family members shown on your appointment card.

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. Please tick the statements that are relevant to you.

Are you:

- Likely to be pregnant?.....
- Receiving medical treatment?.....State.....
- Taking any medication?.....State.....
- Allergic to anything?.....State.....
- Allergic to penicillin?.....
- Allergic to Chlorhexidine (Corsodyl Mouthwash).....

Do you have:

- A heart problem?.....
- Angina?.....
- High/low blood pressure?.....
- A pacemaker?.....
- Diabetes?.....
- Arthritis?.....
- Epilepsy, fits or faints?.....
- A relative with CJD?.....

Have you ever had:

- A heart attack?.....
- A stroke?.....
- Rheumatic Fever?.....
- Jaundice?.....
- Hepatitis or liver problems?.....
- Blood related diseases?.....
- Blood refused?.....
- A heart valve replaced?.....
- Growth hormone treatment?.....
- A bad reaction to local anaesthetic?.....
- Any hospital treatment operations?.....
- Sedation or GA for dental treatment in the past?.....

Do you

- Carry a warning card?.....
- Bruise easily?.....
- Bleed excessively?.....
- Have an infectious disease?.....
- Take or have taken steroids?.....
- Smoke per day?.....
- Drink alcohol/Units per day?.....
- Do you take or have taken
bisphosphonates?.....

Please give us any information that you feel we might need to know about such as recreational drug use for example: cannabis,cocaine or self prescribed medications for example: aspirin.

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

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

Practice Information

Thank you for choosing Park Dental Company for your dental needs. 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 **01698 801777**. 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. Texts will be sent to remind patients of three and six monthly appointments.

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.