

**GESTRIDGE DENTAL STUDIO
CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE**

SURNAME AND TITLE	
FORENAME	
ADDRESS	
POSTCODE	
TELEPHONE NUMBERS	
DATE OF BIRTH	
OCCUPATION	
NAME AND ADDRESS OF DOCTOR	

**Certain medical conditions can affect dental treatment and vice versa.
Please answer the questions and give details where appropriate.**

Do you have or have ever suffered from:

Heart complaints	
Heart surgery	
Stroke	
Diabetes	
Epilepsy	
Asthma or other respiratory disease	
Hepatitis	
Excessive bleeding	
High blood pressure	
Acid reflux	
HIV	
Please list any allergies	
Do you carry a medical warning card	
Are you taking any medication, both prescribed and self-medicated	
Are you pregnant	
Have you had a joint replacement operation	
What is your weekly consumption of alcohol	
If you smoke, what is your average per week	
With filters	
Without filter	

SIGNATURE.....DATE.....

PRE-REGISTRATION QUESTIONNAIRE

Full name and preferred greeting

Address

Telephone numbers:

Home

Work

Mobile

Email:

Date of Birth:

Last seen by a dentist:

Medicines taken (prescribed and self-prescribed):

Allergies:

Serious previous illnesses and hospitalization:

Smoker (number a day, ounces per day if rollups)
and alcohol consumption:

Daily use of sugar. Are you a chocoholic or fizzy drinks lover?

Do you wear dentures? How old are your present set? Are you satisfied with them? Do you leave them in at night? Please give as much information about the set you wear below.

Dental concerns/problems (for example toothache, sensitivity, appearance)
Please provide your smile satisfaction score out of 10 (for example 9/10 due to staining).

How keen are you to keep your teeth? Very keen, unconcerned, other?

Do you use a manual or electric toothbrush (what make)?

Do you use floss, picks or brushes for between the teeth? (What make)?

What is your preferred toothpaste?

If you routinely use a mouthwash, which do you prefer?

Do you use chewing gum daily? Which one?

Most convenient time for appointments

Most convenient time for telephone calls

Any other information relevant and important to you including your likes and dislikes and any specific needs (for example dislike of mint flavours, position of chair due to back problems, or an extreme gag reflex)

Thank you for providing this information . It will allow us to thoroughly assess your dental needs and treat you with a holistic approach.

Welcome to Gestridge Dental Studio

If you request National Health Service treatment at any time, we will happily refer you to your local Primary Care Trust waiting list.