33 Bridge Street Tranent

EH33 1AH

**E:** info@bridgedentalcare.co.uk

We would like to welcome you to our practice. We understand that you may be feeling apprehensive and we would like to reassure you that you will be treated kindly and considerately at all times.

Please would you spend a few minutes completing this questionnaire regarding your personal details, dental and medical histories. Please do not hesitate to ask our receptionist if you have any questions regarding the completion of this form.

Payment will be collected at each appointment so please be prepared to settle your account for any treatment carried out.

Please note that it is practice policy to charge a reasonable fee for broken appointments or where appointments are cancelled with less than 24 hours’ notice.

If you require wheelchair access, please go to the back of the building and ring the doorbell. A member of staff will let you in.

Title Mr. Mrs. Ms Miss Other \_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home \_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is you reason for attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you last see a dentist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you satisfied with your teeth and their appearance? **Y/N**

If not what would you like to change?

Which of the following statements best describes your feelings about dental appointments?

 I feel relaxed I feel a little nervous I feel very anxious and nervous

Are there any dental procedures which have frightened you in the past or about which you are very anxious? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following do you use/do each day?

Brush twice daily for 2 minutes **Y/N** Fluoride Toothpaste Y**/N** Electric Toothbrush **Y/N** Dental Floss **Y/N** Inter dental brushes **Y/N** Mouthwash **Y/N**

Which of the following do you have each day

Sugary fizzy drinks **Y/N** Diet fizzy drinks **Y/N** Sugary treats between meals **Y/N**

Sugar in hot drinks **Y/N** Fruit Juice **Y/N**

**Smoking Status**

Never smoked **YES/NO** an ex-smoker **YES/NO** I am a smoker **YES/NO** Number of cigarettes smoked per day:

Alcohol Consumption = Half a standard 175ml glass of wine

 1-unit alcohol = Half a pint of normal strength beer/cider

 = One 25ml measure of spirits

On average how many units do you drink in a week? units

**Confidential Medical History**

Please circle Y if you wish to answer yes or N if you wish to answer no and fill out any relevant details at the bottom Thank you.

**A Are you**

1 Attending or receiving any treatment from your doctor, hospital, clinic or specialist? Y/N

2 Taking any medication prescribed by your doctor or bought over the counter? Y/N

3 Do you take take any bisphosphonates, and if so, when did you start taking them? Y/N

4 Allergic to any drug or medicine, latex or other materials? Y/N

5 Pregnant or breast feeding? If so when is the delivery date?

**B in the past have you**

1 Ever had a heart problem, angina, high or low blood pressure, heart attack or stroke? Y/N

2 Ever had a heart murmur or rheumatic fever? Y/N

3 Ever had jaundice, hepatitis, liver problems or kidney disease? Y/N

4 Ever had asthma or chronic bronchitis? Y/N

5 Ever had any blood related diseases or bleeding injury, abnormality following tooth

 extraction or surgery Y/N

6 Ever had Cancer Y/N

**C Do you**

1 Have a pacemaker Y/N

2 Have fainting attacks or epilepsy? Y/N

3 Have diabetes? Y/N

4 Have Hay fever, Eczema Y/N

5 Carry a medical warning card? Y/N

6 Take steroids or have you in the last two years? Y/N

Please give medication details if you have ticked any of the above boxes, ask for more paper if required.

GP’s Name and address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short notice or failed to attend appointments are charged at £1.00 per minute. Discretion will be used for illness or emergency’s that crop up.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**