

# PETERBOROUGH DENTAL HUB

## CONTACT DETAILS

Title:	First Name:	Surname:
Date of Birth: ____/____/____		
Address:		Postcode:
		City:
Mobile:	Home telephone:	
Tick if you would NOT like to receive appointment reminders		<input type="checkbox"/>
Tick if you would NOT like to receive promotions/ marketing		<input type="checkbox"/>
Email address:	Occupation:	
GP Name:	GP Postcode:	

### Emergency contact:

Mobile:

First Name:	Surname:
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## DENTAL HISTORY

Date of last dental examination: __/__/__	Date of last hygienist visit: __/__/__
Do you experience bleeding gums?	Do you have dental phobia?

**Please choose what type of appointment you would like below (TICK ONE):**

General Check Up	<input type="checkbox"/>	Emergency Appointment	<input type="checkbox"/>
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**What is your main concern? (e.g. no concerns/ pain / swelling / broken tooth)**

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**What is your preferred outcome from your appointment? (e.g treatment plan, antibiotics, extraction, filling, stopping pain),**

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## MEDICAL HISTORY

Do you smoke? Yes  How many daily: \_\_\_\_ No  In the past

How many units of alcohol do you drink per week? (1 unit= small glass of wine/ half pint lager) \_\_\_\_\_

Do you have: Hearing loss?  Sight loss?  Mobility problems?

**Are you currently** **yes/ no give details**

Receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	
Taking any prescribed medicines? (Including tablets, inhalers, injections, contraceptives and ointments)	<input type="checkbox"/>	<input type="checkbox"/>	
Taking any self prescribed medicines/ drugs? (Including pain killers or recreational drugs)	<input type="checkbox"/>	<input type="checkbox"/>	
Carry a medical warning card or bracelet?	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant or possibly pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	Date baby due:

**Have you ever had** **yes/ no give details**

Allergies to drugs (eg antibiotics) , latex or food?	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis/ Asthma/ COPD or other chest condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy or other neurological disorder? (Please let us know potential triggers)	<input type="checkbox"/>	<input type="checkbox"/>	Date of last episode:
Heart problems/ Angina/ High or Low blood pressure Stroke/ Endocarditis/ Valve disease/ Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Type:
Bone or joint disease? (e.g osteoporosis)	<input type="checkbox"/>	<input type="checkbox"/>	
Persistent bleeding or bruising after injury, tooth extraction & surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you taking blood anticlotting drugs e.g Warfarin or Prothrombin inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	
Are you taking bisphosphonate medication? e.g Alendronic Acid	<input type="checkbox"/>	<input type="checkbox"/>	
Do you, or have you had, cancer? If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>	Type: Chemo/ Radio?
Liver, Kidney or Urinary Tract Disease?	<input type="checkbox"/>	<input type="checkbox"/>	

## MEDICAL HISTORY

Have you ever had yes/ no give details

Do you have/ have you had infections Hepatitis B, Hepatitis C or HIV?			
Mental Health problems?(e.g Dementia/ Depression)			
Learning disability?			
Drug or alcohol addiction?			
An operation under general anaesthetic?			
Been hospitalised for any other reason?			
Any other disabilities/ conditions not listed above?			

## GENERAL INFORMATION

### Examination Fees

- Check up/ Emergency examination: £25 (does NOT include x-rays or treatment)
- X- Rays: small £9 each, large £35, CT Scan £95

### Frequently asked questions:

- **Do I need x-rays?** X-rays are a fundamental diagnostic tool for the dentist. Without them, it is very unlikely treatment can be carried out.
- **But I had x-rays taken recently elsewhere?** You should bring copies of your x-rays (digital form, high quality, clearly dated) to your appointment. Failure to provide copies will usually mean the dentist cannot provide a treatment plan, unless new x-rays are taken.
- **Is treatment guaranteed on the day?** For the vast majority of emergency patients, we are able to get them out of pain on the day. Sometimes this isn't possible if the treatment requires referral.
- **I just want a hygienist cleaning. Why do I have to see the dentist?** We do not offer direct access hygiene treatments. An examination ( and often x-rays) is required to ensure the right type of hygiene treatment is provided for you. Sometimes a referral to a periodontist is required if you have severe gum disease (additional fee applicable)
- **Are you really open 365 days a year?** Yes. We always want to be here for patients in pain.
- **Do you offer NHS treatment?** No. We are a completely private practice.
- **What is your deposit policy?** We require a minimum of 48 hours notice to cancel or rearrange appointments or your deposit will be lost. If you are late your deposit & appointment will also be lost.

## ACKNOWLEDGEMENT

-By signing this form it means that you are consenting to allow us to process your data, keep your personal data secure, accurate and readily available if you want to gain access to it. We follow the latest GDC, CQC and ICO rules and regulations on Data Protection and Information Governance.

-By signing this form, it means you understand and agree to our COVID policy and 48 hours deposit policy.

-For the protection of our patients and staff we use CCTV monitoring at the practice: in the reception area, corridors and treatment areas. By signing this form it means that you are consenting to their use. For further information please ask at the reception or visit our website at [www.thehubdentalpractice.co.uk](http://www.thehubdentalpractice.co.uk)

By signing this form it means I realise that I am being treated as a private patient and understand this is a completely private dental practice and I undertake to pay the necessary fees.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_