

Waddesdon Dental

REGISTRATION FORM



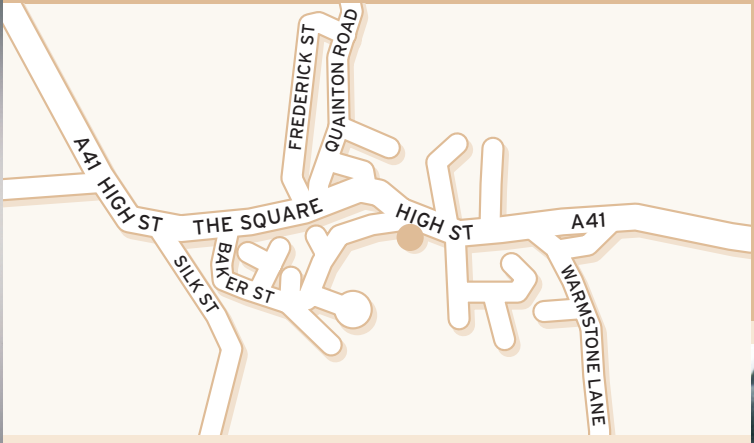
"Dentistry Without Compromise"

Dental Services



- Dental hygiene**
 - Scaling and polishing
 - Gentle powder cleaning for smoke and coffee stains
- Cosmetic dental care**
 - Tooth whitening
 - White fillings
 - Crowns
 - Inlays
 - Bridges
 - Porcelain veneers
 - Dental implants

Find us



How did you hear about us? - please tick

- Family
- Radio
- Friend
- Village magazine
- Passing
- Website
- Yell.com
- Other

How did you contact us:

- Telephone
- Email

Was it easy to book an appointment?

- Yes
- No

Did you find the person helpful?

- Yes
- No

Contact us

Telephone: **01296 655577**
email: **smile@waddesdondental.co.uk**

Our address

5, High Street, Waddesdon
Aylesbury
HP18 0JB

Visit Us

www.waddesdondental.co.uk

Patient Registration Form

Please spend a few minutes completing this confidential registration form and medical history. This information will enable us to provide you with an efficient service and ensure that any dental treatment does not interfere with your current medical status.

All details will remain confidential and will only be seen by those directly involved in your treatment.

Waddesdon Dental is registered with the Information Commissioner's Office for data protection.

Title Mr/Mrs/Ms/Miss/Mst/Dr/Rev

First name

Surname

DOB / /

Address

.....

Postcode

Tel home

Tel work

Mobile

Email

Preferred contact

When did you last visit a dentist?	
Are you having any discomfort with your teeth at the moment?	YES/NO
Does anything about the appearance of your teeth concern you?	YES/NO
Do you get bleeding from your gums when you brush/floss?	YES/NO
Do you get a bad taste from your mouth or bad breath?	YES/NO
Are your teeth stained or possibly getting darker?	YES/NO
Do you grind your teeth, possibly at night or when stressed?	YES/NO
Do you suffer from headaches?	YES/NO
Are you anxious about dental care?	YES/NO

General Practitioner

GP Name

Address

.....

Postcode

Telephone

Your NHS number

Your medication

.....

Condition	Details
Asthma	
Bronchitis	
High blood pressure	
Low blood pressure	
Diabetes	
Angina	
Heart attack	
Rheumatic fever	
Heart/valve surgery	
Pacemaker	
Stroke	
Allergy	
Bleeding disorder	
Thyroid disorder	
Epilepsy or fainting attacks	
Hepatitis	
HIV / AIDS	
Close relative affected by CJD	
Growth hormone before mid 1980's	
Pregnancy	Due date:
Nursing mother	
Oral contraceptive pill	
Joint replacement Hip, knee etc	
Other	
Signature: _____ Date: _____	