

**CONFIDENTIAL MEDICAL / DENTAL HISTORY & GENERAL CONSENT FORM**

To help your Dental team provide the best and safest care, please complete the following questionnaire.

<b>Title :</b>	<b>Full Name :</b>
<b>Date of Birth :</b>	<b>Occupation :</b>
<b>Home / Mobile Number :</b>	<b>Email :</b>
<b>Address:</b>	
<b>How did you hear about Dene Dental Practice:</b>	
<b>Contact Permission:</b> From time to time we may contact you with details of dental services we provide and various offers or promotions. Please circle YES if you would like to stay updated or NO if you do not wish to be updated with the details of dental services, offers or promotions. <b>YES / NO Signed:</b>	

<b>HAVE YOU EVER SUFFERED FROM :</b>	<b>NO</b>	<b>YES</b>	<b>DETAILS</b>
<b>Any Heart Problems: Please circle below</b> Heart surgery, Angina, Heart attack, Pacemaker, Stroke, High or low blood pressure, any other heart conditions.			
<b>Any chest problems: Please circle below</b> Asthma, Bronchitis, any other chest conditions.			
<b>Do you smoke? If 'YES', how many?</b> <b>If No, have you smoked in the past? How long ago and how many?</b>			
<b>Are you pregnant?</b>			
<b>Diabetes :</b> If yes, how is it controlled: diet, tablets, insulin			
Epilepsy, fainting attacks, giddiness or blackouts			
Hiatus hernia or any stomach problems			
Jaundice, Liver or Kidney disease			
Hepatitis or HIV or any other blood disorders			
Easy bruising, prolonged bleeding following injury, tooth extraction or surgery			
<b>Osteoporosis:</b> If yes, do you take Bisphosphonates ( tablets or injections) and for how long have you been on them			
<b>Arthritis</b>			
<b>HAVE YOU :</b>	<b>NO</b>	<b>YES</b>	<b>DETAILS</b>
Had a joint replacement			
Rheumatic Fever			
Bad reaction to a Local or General anaesthetic			
Taken Steroids - now or in the past 2 years			
<b>DO YOU :</b>	<b>NO</b>	<b>YES</b>	<b>DETAILS</b>
Take any Anticoagulants (Eg: Warfarin or any other blood thinning medications?)			
Carry a warning card or an EpiPen			
Have allergies to any medications / materials? Antibiotics/latex			
<b>Take any Medications:</b> Please list all medications including over the counter / herbal / homeopathic.			

## PAST DENTAL HISTORY

When did you last have a dental check-up?		
When did you last have dental X-rays taken?		
Have you ever seen a Dental Hygienist?		<i>Regularly / Occasionally / Never</i>
What prompted you to seek dental care today?		
		<b>NO</b>
		<b>YES</b>
Have you experienced any discomfort from your teeth recently? <i>Details:</i>		
Are your teeth sensitive to hot or cold? <i>Details:</i>		
Are you aware of clenching or grinding your teeth? <i>Details:</i>		
Do your jaw joints ever hurt or click? <i>Details:</i>		
Do your gums bleed easily or feel tender? <i>Details:</i>		
Are you troubled with bad breath or a bad taste? <i>Details:</i>		
Anything else you would like to mention? <i>Details:</i>		
Are you happy with the state of your teeth and smile? <i>Details:</i>		
<b>WE PROVIDE TEETH WHITENING, TEETH STRAIGHTENING &amp; NON-INVASIVE COSMETIC SMILE IMPROVEMENT</b>		
Apart from assessing your Basic Dental Fitness would you like to know of other options to improve your Teeth/Smile?		
If Yes, please describe your expectations in a few words:		

**I consent to proceed with the dental care at Dene Dental Practice.**

Signature :	Date :
Signed by Self / Parent / Guardian <i>please delete as appropriate</i>	

<b>Patients' Consent for clinical photography (taking, storing and using Dental images / videos) on digital media or printed publications of Dene Dental Practice</b>		
I give permission to Dene Dental Practice to take, store and use my Dental images / videos (of face / teeth / smile) either in printed publications (adverts / newsletters/ display/ leaflets) or digital media (website / social networks) for educational or promotional purposes. Patients' personal data and identity will be protected and their names, age, DOB will not be published alongside the dental images / videos.		
Patient's Name:	Signed:	Date:

<b>Privacy Statement</b>		
At Dene Dental Practice we take your privacy seriously.		
We pride ourselves on our high standards, and can assure you that our data practices are fully compliant with GDPR. Your details are stored securely, and we do not pass your details onto other parties for unsolicited marketing purposes.		