We process personal data for the purposes of providing optimum healthcare and sending important updates to you. You can withdraw your consents at any time by email to smile.dentalcare@zen.co.uk or by calling 023 80263026.

The practice can contact me by: Email ☐ Phone ☐ Text ☐		
I would like to receive practice survey and feedback requests.	Yes ☐	No ☐
Updates relevant to any appointments.	Yes ☐	No ☐

Your personal information will never be passed to third parties unless we are making a professional referral for you. If we have your consent for referral to another health care provider we will send them just the information that they need to provide the necessary assessment, tests or treatments.

For further details about how we process your personal information please see our Privacy Notice available at reception or call 023 80263026 to request a copy of it.

Medical History update:

Please check your details overleaf and inform us of any changes

Patients/parent/guardian signature:……..

Date……

Smile dental care

Please take a few minutes to fill out this form so we can better assist you with your dental needs.

Surname (Mr/Mrs/Miss/Ms)…….

Forename……

Address……

……

Postcode……

Tel (home)…… Tel (work)……

Tel (mob)……

Date of Birth……Occupation……

Email Address……

Do you smoke? YES NO

How did you hear about our practice?……

Name, address and phone number of your Doctor:……

……

If you are not sure of any of the questions, or if your medical circumstances change, please inform the Dental Surgeon

Signature of patient/parent/guardian:…… Date……

Please complete this form by ticking the appropriate boxes and answering the questions
All details will be strictly confidential

Do you have or have you ever suffered from:	yes	no
Rheumatic fever?	☐	☐
Any heart complaint, heart surgery or stroke?	☐	☐
Diabetes?	☐	☐
Epilepsy or fainting attacks?	☐	☐
Chronic bronchitis or asthma?	☐	☐
Hepatitis?	☐	☐
Excessive bleeding?	☐	☐
High blood pressure?	☐	☐
Any other serious illness?	☐	☐
Do you carry a medical warning card?	☐	☐
Are you at present taking any medicine or tablets Please give details in the box opposite	☐	☐
Are you allergic to any medicine, substances or latex? Please give details in the box opposite	☐	☐
Are you pregnant	☐	☐
In the past 2 years have you undergone any operations?	☐	☐
been treated with hydro-cortisone or corticosteroids?	☐	☐
Have you ever had a joint replacement operation?	☐	☐
Please tick or tell the dentist if you are HIV positive	☐	☐

If 'yes' to any questions please give details in the box opposite

Are you at present taking any medicine or tablets?
Please list these below

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For patients under 18

Name of Parent or guardian……

Name of school or college……