



A+ Dentists Patient Enrolment Form

Thank you for choosing to enrol with us!

We always strive to provide excellent dentistry in a calming environment. All our dental professionals are highly qualified, friendly and gentle. If you are unsure of any questions on this form please feel free to ask us.

Title	First Name	Surname
Mobile	Home	Work
DOB	Occupation	
Email		
Address		

How did you hear about our practice?		
When was your last dental visit?	Date	Dentist name
Do you have dental insurance cover?		
Medical Centre		
GP Name	Phone No	

We have a monthly newsletter with oral care information, updates and sometimes specials.

Would you like to receive this email? Yes No

Although rare, accidental injury to staff can occur during the handling of used instruments. If this happens during the course of your treatment, our practice requires both patient and staff members to undertake a blood test.

Do you agree to a confidential blood test? Yes No

Have you ever had any of the following?			
	Yes	No	
<i>Cardiovascular</i>			
Heart Murmur			
Heart Attack			
Rheumatic Fever			
Open heart surgery			
High Blood Pressure			
Stroke			
<i>Respiratory</i>			
Asthma			
Chest & lung disease			
Sinus/hay fever			
<i>Other</i>			
Epilepsy			
Diabetes			
Kidney problems			
Gastric problems			
Depressive illness			
Radiotherapy/ Chemotherapy			

Please keep in mind that we strictly value your confidentiality

Have you ever had contact with	Yes	No
HIV virus		
Hepatitis B virus		
Hepatitis C virus		

	Yes	No
Do you smoke?		
Are you currently pregnant? <input type="checkbox"/> If so how many weeks		
Have you ever experienced excessive bleeding or bruising from dental treatment, or at any other time?		
Have you ever had an unfavourable reaction to anaesthetic?		

Are you taking any tablets, medicines, pills or drugs? Yes No
If yes, please list

Have you ever had any allergies to medicines or other substances (such as latex)? Yes No
If yes, please list

If you have any other health matters, please talk to the dentist about your concerns

Full payment is required at each appointment. We require 48 hours' notice for cancellations. A late cancellation fee may apply.

<input type="checkbox"/>	I confirm that the information written above is true and correct to the best of my knowledge.
Patient/Parent/Guardian Signature	Date

We are always aspiring to improve your experience with us; we would love to hear from you about your experience with us. We will send you a short online survey after your appointment.