



## NHS Patient

### Confidential Registration and Medical History Form

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Male/Female Occupation: \_\_\_\_\_ Last dentist visit? \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

\_\_\_\_\_

How would you describe your general health? Excellent, good, fair or poor? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**NHS Payment Exemptions** – Please tick the relevant box if you are entitled to free or reduced cost NHS dental services. Please bring your NHS exemption card/certificate as proof with you to your first visit.

- Under 18 years of age
- Age 18 years and in full-time education
- Pregnant mother
- Mother with baby under 12 months
- Holder/partner of person on current HC2 certificate
- Holder/partner of person on current HC3 certificate
- Income Support
- Income-based jobseeker's Allowance
- Income-related Employment & Support Allowance
- Pension Credit Guarantee
- NHS Tax Credit Exemption Certificate

Completed by  Self  Parent  Guardian

**Medical history**

Are you currently?	Yes	No	Give details
Pregnant?			
Receiving treatment from a doctor?			
Taking any prescribed medicines (eg tablets, ointments, injections, inhalers, contraceptive pill, hormone replacement therapy)?			
Carrying a medical warning card?			

Do you/have you ever suffered from	Yes	No	Give details
Rheumatic Fever			
Heart Trouble			
Heart Murmur			
Pacemaker Fitted			
Artificial heart valve			
Abnormal blood			
Epilepsy			
Fainting or blackouts			
Lung disorders			
Hepatitis			
Kidney Trouble			
Diabetes			
Blood Pressure or stroke			
Blood disorders (list) including Anaemia			

Are you allergic to or react badly to any of the following	Yes	No	Give details
Local Anaesthetic			
Penicillin			
Other medicine			

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_ (parent or guardian to sign for minors)