

THE GINGERBREAD HOUSE

Dental Care for the 21st Century

Dr Anthony Charles-Kariel
BDS (HONS) (LOND) MFGD (UK)

Dr Harvey Grahame
BDS (LOND)

CONFIDENTIAL NEW PATIENT QUESTIONNAIRE

We would be grateful if you could take a few minutes to complete this form as fully as possible. If you are not sure about any of the questions please do not hesitate to ask the Dentist at your appointment.

Mr/Mrs/Dr/Ms.....

Date of Birth.....

First Names.....

Occupation.....

Surnames.....

Doctor's Names.....

Address.....

Your preferred
appointment times:

.....

8.00am – 11.00am

.....

11.00am – 1.30pm

..... Postcode.....

3.00pm – 4.30pm

4.30pm – 6.00pm

6.00pm – 8.45pm

Telephone: Home.....

Your preferred days

Mobile.....

Monday

Tuesday

E Mail.....

Wednesday

Thursday

Friday

How did you hear about us?

Saturday

Sunday

Any day

Would you like us to use your
Email address to inform
you of any Practice news? (ie.
Holiday opening hours,
emergency arrangements)

Yes/No

PTO

Medical History

Have you suffered from

Rheumatic Fever Yes/No

Any heart complaints Yes/No

Have you had heart surgery?

Do you have any allergies (Penicillin?)

Please detail

Hepatitis Yes/No
A/B/C

Do you need to take antibiotic cover? Yes/No

HIV infection Yes/No

Excessive bleeding Yes/No

Are you taking medication?

Please detail

Asthma Yes/No

Diabetes Yes/No

Other blood disorders.....

Do you suffer from epilepsy? Yes/No

Are you pregnant? Yes/No

If yes when is the baby due?

Is there anything else concerning your medical history you think we should know about?

SIGNATURE.....

DATE.....

Dental History

When was your last visit to a dentist?

Where did you attend before?

What is your reason for attending today?

How would you best describe your past attendance record?

- Regular (every six months)
- Regular (every year)
- Irregular (emergency only)

Do you think you have a gum problem? Yes/No

Do your gums bleed on brushing? Yes/No

Do you have any loose teeth? Yes/No

Have you ever seen a hygienist? Yes/No

Do you suffer from a clicking jaw? Yes/No

Are your teeth sensitive to hot and cold food and drink? Yes/No

Have you had a dry socket following an extraction? Yes/No

Have you ever bled excessively following an extraction? Yes/No

Cosmetic Dentistry

Are you happy with the appearance of your teeth? Yes/No

If not what do you dislike?

- The colour
- The shape
- Any crowded or spaced areas
- The mercury amalgam fillings
- The brown areas at the gum line
- The black areas around the gums associated with old crowns
- The colour and shape of your gums

Mercury Amalgam Fillings

There is mounting evidence that amalgam may have effects on your health. In Sweden they have been banned in children under 18. Their equivalent of the NHS will not pay for amalgams even though they are often less expensive than the alternatives. Here The Department of Health now recommends that we no longer use it in the teeth of the pregnant women. For this reason, until there is definite evidence one way or the other, we will no longer use amalgam at this practice. Please discuss with your dentist the various alternatives available.