

Medical History and Covid19 Disclosure Form - AUGUSTUS ROAD DENTAL PRACTICE -

We ask you for your information about your general health to help us treat you safely. Please complete the form as accurately as possible. We will use this form at a later visit to discuss any changes in your general health. All data will be kept strictly confidential by our staff caring for you.

Full Name *

Title First Name Last Name

Address *

House Number / Name

Street Address Line 1

Street Address Line 2 City

Postal Code

Email *

example@example.com

Phone Number *

Area Code Phone Number

GP Details

Surgery Name

Surgery Address

Post Code Surgery Phone Number

NHS Number

Date of Birth *



Day Month Year

Gender at Birth *

Occupation

Mobile Number *

Country Code Mobile Number

Emergency Contact Details *

Name

Contact Number

Relationship to you

Are there any concerns you might have about your teeth?

Is there anything you would like to improve about your smile?

If yes, please let us know

If yes, please let us know

Are you currently

Yes No If yes, please give details:

Receiving treatment from doctor/hospital/clinic?

Receiving dental care from another dentist

Taking any prescribed medicine? (tablets, injections etc)

Pregnant or possibly pregnant?

Have you ever had

Yes No If yes, please give details:

Allergies to medicines or foods? (eg. penicillin, latex etc)

Breathing problems? (eg bronchitis, asthma etc)

Heart problems? (eg. angina, blood pressure, stroke)

Fainting attacks, epilepsy, blackouts?

Diabetes (or does anyone in the family)?

Bone or joint disease?

Bruising or persistent bleeding following injury?

Liver disease (eg. jaundice, hepatitis) or kidney disease?

Any other serious illness or infectious disease?

Blood refused by the Blood Transfusion Service?

Have you ever had?

Yes No If yes, please give details:

Dental care from abroad?

Dental treatment on referral?

A bad reaction to general or local anaesthetic?

Treatment that required you to be in hospital?

Alcohol

Units per week

How many units of alcohol do you drink per week? (a unit is half a pint of lager, a single measure of spirit or a small glass of wine)

Nicotine

Yes/No/In the Past If Yes, how often in a day If In the Past, when did you quit

Do you smoke any tobacco products now (or did you in the past)?

Do use a vape or sheesha (or did you in the past)?

Do you chew tobacco, pan, use gutkha or supari now (or did you in the past)?

Please give any other details which your dentist might need to know about, such as self-prescribed medicines (eg. aspirin) or any disabilities you may have.

Please complete the remaining question below

We ask you for this information to reduce the spread of Covid19. Please complete the form as accurately as possible. All information will be kept strictly confidential.

Please answer *

Yes No

Have you tested positive for Covid-19 in the last 10 days?

Are you waiting for a Covid-19 test or results?

Do you have any of the following symptoms: *

Yes No

New and/or continuous cough*

A high temperature or fever in the last 10 days?

Loss of, or change in, sense of smell or taste in the last 10 days?

**Coughing for longer than an hour / three or more coughs in a short period*

Do you live with someone who *

Yes No

has tested positive for Covid19?

had symptoms of Covid-19 in the last 14 days? (same symptoms as above)?

Disclosure

By submitting this form to Augustus Road Dental Practice I confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to notify of any changes prior to the appointment may result in my immediate deregistration at the practice.

Do you agree with our Privacy policy? (www.augustusdental.co.uk/contact-us/privacy-policy) *

Yes

No

Completed by *

Self

Parent

Gaurdian

Signature
(if completing online, tick
online confirmation
instead)

Date *



Day

Month

Year

Tick box to confirm form instead of signing

We're glad that you come to visit Augustus Road Dental Practice. In order to help us improve access and provide better care to all our patient could you let us know how you heard about our dental practice.

Please select all that apply *

Passing by the premise

Social Media

Google search

Online advert

Calling 111 NHS Direct

From a Friend/Family

Feedback

The team at Augustus Road Dental Practice work hard to provide you with an exceptional standard of dental care.

Please select *

I would like to give feedback

Not this time, maybe next time

Email to
info@augustusdental.co.uk