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Do you wish to register as:  **Private or Denplan**

|  |  |
| --- | --- |
| Surname: | Phone : Home: |
| Forename(s): | Work: |
| Title: Mr/Mrs/Miss/Ms | Mobile: |
| Address: | contact e-mail: |
|  | Date of Birth: |
|  | Name of your Doctor: |
|  | Your Occupation: |
| Postcode: | Date of last dental treatment: |

Are you: *If Yes, please explain:*

|  |  |  |
| --- | --- | --- |
| Attending/receiving treatment from doctor/hospital/clinic? | Yes/No |  |
| Taking any medicines from your doctor?(tablets/creams etc) | Yes/No |  |
| Taking or have you taken steroids in the last 2 years? | Yes/No |  |
| Allergic to any medicines, foods or materials? | Yes/No |  |

Have you:

|  |  |  |
| --- | --- | --- |
| Had rheumatic fever or chorea? (St. Vitus Dance) | Yes/No |  |
| Had jaundice, liver/kidney disease or hepatitis? | Yes/No |  |
| Had a heart murmur/attack/angina/problem/blood pressure | Yes/No |  |
| Have you had any blood tests, inoculations etc? | Yes/No |  |
| Ever had any blood refused by the Blood Transfusion Service | Yes/No |  |
| Had a bad reaction to a general or local anaesthetic? | Yes/No |  |
| Had a joint replacement? | Yes/No |  |
| Been hospitalised? If YES, when and what for? | Yes/No |  |

Do you:

|  |  |  |
| --- | --- | --- |
| Have arthritis? | Yes/No |  |
| Have a pacemaker, or any form of heart surgery? | Yes/No |  |
| Suffer from hayfever, eczema, or any other allergy? | Yes/No |  |
| Suffer from bronchitis, asthma or other chest conditions? | Yes/No |  |
| Have fainting attacks or epilepsy? | Yes/No |  |
| Have diabetes, or does anyone in your family? | Yes/No |  |
| Bruise easily or bleed so as to concern after surgery? | Yes/No |  |
| Carry a warning card? | Yes/No |  |
| Ever get cold sores? | Yes/No |  |

Are there any other aspects of your health that your dentist should know about? Yes / No

Signed: Date:

Please return the completed form to the practice as soon as possible. We request details of mobile phone number and e-mail so we can send you reminders of your appointments. Thank you. ***Have you been to our practice before Yes / No***