



Revive Dental Care

Things we need to know
about you and things you
need to know about us



Your individual details

Title

First name

Surname

Address

DOB

Home phone number

Mobile phone number

Work phone number

Email

Would you like to register as an NHS or Private patient? NHS Private

Your work

Occupation

Do you receive any benefits which affect you having to pay for your dental treatment (e.g. working tax credit / child tax credit)

Yes No

If yes, please state which exemptions you receive

Do you have any medical insurance which covers dental treatment?

Yes No

If yes – what is the name of your insurance

You and your dentist

When did you last visit a dentist? 6-12 months
 1-2 years
 2 years +

Why did you go? Regular check up
 Clean and polish
 Emergency appointment
 Dental work following a check up
 Other treatment

Do you like to visit the dentist every 6 months
 12 months
 As little as possible
 Only when in pain!

Who was your previous dentist?

Have you any problems your previous dentist was watching?

What did you like best about your old dentist?

Was there anything you didn't like?

Why have you changed to Revive Dental Care?

How did you hear about Revive Dental Care?

How you feel about your smile and teeth

Are you happy with how your teeth look and feel? Yes No

If no, what are you unhappy about?

Are you happy with your smile? Yes No

If no what are you unhappy about?

Do you have

- Very few fillings
 Filling every so often
 Filling every visit

Do you have any of the following concerns?

- | | |
|--|--|
| <input type="checkbox"/> Infection | <input type="checkbox"/> Concerns about dental health |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Concerns about function |
| <input type="checkbox"/> Denture problems | <input type="checkbox"/> Whiteness of your teeth |
| <input type="checkbox"/> Restoration problems | <input type="checkbox"/> Old fillings that you would like to replace |
| <input type="checkbox"/> Concerns about appearance | <input type="checkbox"/> Another problem with your mouth |
| | <input type="checkbox"/> No problems at present |

Are you keen for us to help you put things right? Yes No

Has a dentist ever shown you the best way to clean your teeth?

How many times do you clean each day?

And for approximately how long?

Diet and lifestyle

How would you describe your diet? Excellent Good Average Poor

Do you think you have a high sugar diet? Yes No

Do you take sugar in hot drinks? Yes No

Do you have fizzy or acidic food and drinks? Every day Most days Some days Rarely

Do you have any eating disorders? Yes No

Do you smoke, or have you smoked in the last five years? Yes No

If yes how many per day? Yes No

Do you use tobacco or Paan? Yes No

Do you drink above the alcohol safe limit? Yes No

(Drinkaware recommend that men should not regularly drink more than 3-4 units daily (equivalent to a pint and a half of 4% beer) or 2-3 units daily for women (equivalent to a 175ml glass of 13% wine)

Your general health

What is your Doctors Name and address?

Do you experience chest pain upon exertion (Angina)? Yes No

Have you ever had a heart attack? Yes No

Do you have a heart murmur or heart valve dysfunction or an artificial heart valve? Yes No

Have you had heart or vascular surgery within the last 6 months? Yes No

Have you ever had rheumatic fever? Yes No

Do you have complaints connected with your heart? Yes No

If yes please list the complaints

Do you have heart palpitations without exertion? Yes No

Have you ever had high blood pressure? Yes No

Do you have epilepsy? Yes No

Do you suffer from asthma or any breathing problems? Yes No

Have you ever had an adverse or allergic reaction to dental or medical materials or drugs? Yes No

Do you have diabetes? Yes No

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please turn over

If yes, is it well controlled?		
Do you suffer from Thyroid disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from liver disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a kidney disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had an x-ray treatment for a tumour or growth in the head or neck?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a drug therapy or bone marrow transplant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you suffering from an infectious disease at the moment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever fainted during dental or medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When you cut yourself, do you stop bleeding quickly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you taken steroids in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other medical issues that we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please list here		
Please write any medication here		

Communicating with you

We may choose to contact you from time to time by telephone. These calls are normally to remind patients of future appointments. By registering with Revive Dental Care, you confirm that you have no objection to us contacting you by telephone, SMS or email to leave messages about your dental appointments; treatment options; special offers and practice information bulletins. Your information will never be passed to any other providers. If you wish to opt out of being contacted, please tick the box.

Our partnership agreement

What our patients can expect from us: -

- All Revive Dental Care Staff will be polite and courteous at all times
- We will do our best to meet your needs when you are booking an appointment
- We will try to keep to appointment times and if we have to cancel an appointment you will receive a voucher towards treatment costs
- We will always try to give a same day appointment for emergency treatments like facial swelling and pain
- We will give patients all the options and costs for their treatment – Private as well as NHS.

What we ask our patients to do: -

- Please be on time for your appointment. Even a 5 minute delay means we will need to rearrange the visit and if you miss 2 appointments in 24 months we may no longer see you at the practice
- Please attend every NHS appointment during your first course of treatment. If you miss one, then you will not be offered another appointment and we will have to ask you to find another dental practice
- Please give us 48 hours notice when cancelling appointments so that we can offer the time to another patients
- If your treatment costs less than £100 then you will be asked for payment in full on the day
- If your treatment costs over £100 then we will ask for a deposit of £100 on the day and require the balance to be paid in full at the second visit.
- Please try and maintain good oral health between visits
- Please note that the practice follows the Primary Care Trust Zero Tolerance policy on aggressive behaviour
- Finally, you should be aware that until you have had your initial examination, you are not covered for any emergency treatment under the NHS service. If you require emergency treatment then we can offer a private option; please contact the practice for more information.