

**Creffield Lodge Dental Practice
20 Creffield Road
Colchester, CO3 3JA
01206 572093**

Please help us to help you! Please take a few moments to fill in this form.
All information is held in strict confidence, and no data is shared with any
other organisation.

Surname:

First Name:

Mr/Mrs/Miss/ or other

Date of Birth:

Address:

.....

.....

Post Code:

Telephone: Home

Telephone: Work

Telephone (Mobile)

Email

Occupation:

If a new patient, how did you hear of us?
.....

We may wish to contact you to remind you of an appointment or send an account etc.
by phone, email, letter or text, are you happy for us to do this?

YES

NO

Do you give us permission to discuss your *appointment details* (ie time/date, not
details of your treatment) with other family members? (NB you can withdraw this
consent at any time).

YES

NO

PLEASE TURN OVER!

Present Medical Status

- | | | |
|--|---|-------|
| | Yes/No | |
| 1. Are you attending a doctor on a regular basis for any medical condition? | <input type="checkbox"/> <input type="checkbox"/> | |
| 2. Are you allergic to any medicine or tablets? e.g. Penicillin | <input type="checkbox"/> <input type="checkbox"/> | |
| 3. Are you pregnant? | <input type="checkbox"/> <input type="checkbox"/> | |
| 4. Have you ever been hospitalised or received prolonged medical treatment in the past, including taking steroids? | <input type="checkbox"/> <input type="checkbox"/> | |
| 5. Are you taking any tablets or medicine? Please list or let us copy your prescription | <input type="checkbox"/> <input type="checkbox"/> | |
| 6. Please tick or tell the dentist if you are HIV positive | <input type="checkbox"/> <input type="checkbox"/> | |

Your doctor's name and address:

.....

7. Do you suffer from or have you ever suffered from:
- | | | | |
|--|---|--|---|
| | Yes/No | | Yes/No |
| Rheumatic Fever? | <input type="checkbox"/> <input type="checkbox"/> | Hepatitis? | <input type="checkbox"/> <input type="checkbox"/> |
| Excessive Bleeding? | <input type="checkbox"/> <input type="checkbox"/> | High blood pressure? | <input type="checkbox"/> <input type="checkbox"/> |
| Diabetes? | <input type="checkbox"/> <input type="checkbox"/> | Chronic bronchitis or asthma? | <input type="checkbox"/> <input type="checkbox"/> |
| Epilepsy? | <input type="checkbox"/> <input type="checkbox"/> | Cold sores? | <input type="checkbox"/> <input type="checkbox"/> |
| Any heart complaint?
(including heart murmur) | <input type="checkbox"/> <input type="checkbox"/> | Any other serious illness?
(please specify) | <input type="checkbox"/> <input type="checkbox"/> |

.....

- | | | |
|--|---|-------|
| 8. Do you smoke? If yes what is your average per day? | <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Do you drink alcohol? If yes how many units a week? | <input type="checkbox"/> <input type="checkbox"/> | |
| 10. How long is it since you last received dental treatment? | <input type="checkbox"/> <input type="checkbox"/> | |
| 11. Are there any other details which your dentist may need to know? | <input type="checkbox"/> <input type="checkbox"/> | |
| 12. Is your weight over 19st 7lbs?
(Our stairlift unfortunately has a weight limit) | <input type="checkbox"/> <input type="checkbox"/> | |

Completed by **PATIENT** **GUARDIAN**

SIGNATURE **DATE**

Covid Precautions at Creffield Lodge

We have always prided ourselves on our safe environment at Creffield Lodge, but due to the Covid pandemic we are having to take additional precautions to ensure the health and well-being of all our patients and staff when you attend for your appointment. Please read these instructions very carefully.

- Please only attend the practice if you have already made an appointment by telephone.
- *DO NOT ATTEND if you have a fever, persistent new cough, difficulties breathing, alteration to taste/smell, tummy upset, headache, fatigue.*
- Please download and complete the MEDICAL HISTORY FORM. Please DON'T FORGET to bring it with you. Also bring a list of your medications.
- Please ensure you arrive in good time: if you are late we may not be able to see you.
- Please come on your own unless you need a parent, guardian, or carer with you.
- Please use the toilet at home and try to avoid using ours!
- Please announce your arrival to reception by tapping on the window. DO NOT enter the practice, we will come to collect you. It is probably best to come by car as we will ask you to wait outside.
- Please do not bring excessive belongings with you. We might ask you to leave some possessions securely at reception.
- Please be mindful to maintain 2m social distancing within the practice. We will ask you to use hand sanitiser on arrival and departure, and we may take your temperature. If you have a mask then please wear it, or we might supply one.
- Please be aware that the surgery staff will be wearing more PPE than you will have previously seen. Sadly we won't be able to shake your hand, and our voices may be muffled by our masks. But we are the same nice people underneath!
- All payments must be made by card.
- Apologies if the practice seems a bit sparse and unwelcoming, and these restrictions are onerous: we hope these arrangements can relax before too long.