



## Welcome to Our Practice!

Thank you for choosing our surgery to provide you with your dental treatment. We currently offer both NHS and Private services. Should you register as an NHS patient, you would still have the option of receiving private services for your treatment needs.

To complete your registration, please fill in the form with as much detail as possible. It is particularly important that you provide us with your doctor's name and address, up-to-date contact details for yourself, details of any medical conditions and medication you are taking, and ensure you also sign and date the form.

Once we have received your completed form, we will contact you to arrange an appointment. You will not usually have to wait longer than 1 week to receive your first appointment.

During your first appointment, the dentist will examine your teeth and gums, record details of them on your individual chart on the computer, take necessary X-rays and discuss with you any findings and recommended treatments that they feel need to be done. Please be aware that no treatment will usually be done during your first appointment.

Please ensure you attend appointments regularly and on time at the surgery to avoid being removed from our list. We recommend booking in for check-ups every 6 to 12 months and babies are welcome to start attending the surgery from 8 months old.

We look forward to seeing you soon at Guildford Dental Partnership!

Dr P.S. Atthi & Team

-

Guildford Dental Partnership  
44 London Road, Guildford, GU1 2AF  
01483 440563 – [gdpguildford.co.uk](http://gdpguildford.co.uk)

[info@gdpguildford.co.uk](mailto:info@gdpguildford.co.uk)



**Registration Details**

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

First Names: \_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Surname: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Registration Type:

Private

Insurance

Due to the fact that some Medical Conditions and drugs can affect your dental treatment, would you please answer the questions below giving as much information as possible. This will be treated in the strictest of confidence.

GP/ Doctor's Name & Address:

Do you or have you ever suffered from any of the following – tick all that apply.

**Heart Problems:**

- High/Low BP: \_\_\_\_\_
- Heart Surgery: \_\_\_\_\_
- \_\_\_\_\_
- Pacemaker: \_\_\_\_\_
- Heart Murmur: \_\_\_\_\_
- Atrial Fibrillation: \_\_\_\_\_
- Other: \_\_\_\_\_
- \_\_\_\_\_

**Blood/ Hormone:**

- Diabetes: \_\_\_\_\_
- Thyroid Disorder: \_\_\_\_\_
- HIV/AIDS: \_\_\_\_\_
- Hepatitis: \_\_\_\_\_
- Anaemia: \_\_\_\_\_
- Jaundice: \_\_\_\_\_
- Other: \_\_\_\_\_

**General:**

- Blackouts: \_\_\_\_\_
- Fainting: \_\_\_\_\_
- Epilepsy: \_\_\_\_\_
- Loss of Balance: \_\_\_\_\_
- Anxiety/Depression: \_\_\_\_\_
- \_\_\_\_\_
- Other: \_\_\_\_\_

**Breathing:**

- Asthma: \_\_\_\_\_
- COPD: \_\_\_\_\_
- Shortness of Breath: \_\_\_\_\_
- \_\_\_\_\_

**Allergies:**

- Penicillin: \_\_\_\_\_
- Other Medicines: \_\_\_\_\_
- \_\_\_\_\_
- Latex: \_\_\_\_\_
- Hayfever: \_\_\_\_\_
- Other: \_\_\_\_\_
- \_\_\_\_\_

**Have you had any of the following?**

- Taken Steroids in the last 2 months?
- Had an adverse reaction to local/general anaesthetic?
- Had a joint replacement?
- Recent blood test or infection?

**Other:**

- Are you Pregnant: \_\_\_\_\_
- Are you seeing a Doctor/Specialist currently? \_\_\_\_\_
- Do you carry a Medical Warning Card? \_\_\_\_\_
- Had a joint replacement? \_\_\_\_\_
- Recent blood test or infection?



**Medications:**

Please list all your current medications. Include all pills, patches, injections and another medications you are taking.

Please bring any up-to-date proof of ID when attending your first appointment.

Would you like to receive updates about your appointments and surgery via email and text?

Yes, text and email reminders/updates  No reminders and updates

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to attend your dental appointments, please notify the surgery as soon as possible. You may be asked for a deposit to book your appointments or pay for treatment in advance and charged a fee for missed appointments at the discretion of the practice.

Failure to attend your first appointment without prior notice may result in you not being offered any future appointments.

Many thanks! We look forward to seeing you soon!  
The Team at Guildford Dental Partnership