



Welcome to Guildford Dental Partnership

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 certain treatments.

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, please contact us after **3-4 days** so we can book an appointment for you. You will not usually have to wait longer than **1 week** to receive your first appointment. During your first appointment, the dentist will examine all of your teeth and record details of them on your individual chart on the computer, take X-rays of your teeth and discuss with you any treatment that he feels will need to be done. Please be aware that **no treatment** will be done during your **first appointment**.

Please ensure you attend appointments **regularly** at the surgery to avoid being removed from our records. We recommend booking in for check ups every **6 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
Guildford Dental Partnership
44 London Road
Guildford
GUI 2AF
01483 440563



Title: Mr./Mrs./Miss./Ms/.. _____

Date of Birth: _____

First Names: _____

Tel: _____

Surname: _____

Mob: _____

Address: _____

Email: _____

Occupation: _____

Postcode: _____

Smoker: Yes/No : _____

When was your last visit to the dentist?

- a) 0-6 months
- b) 6-18 months
- c) 2-5 years
- d) 5 years +

How would you like to pay for your treatment?

- a) Private
- b) NHS
- c) Denplan
- d) Independent/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.

Doctors Name & Address:



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

Heart Problems:

- High/Low blood pressure _____
- Heart Murmur
- Pacemaker
- Atrial Fibrillation
- Heart Surgery _____
- Other: _____

Blood:

- Diabetes: _____
- Hepatitis: _____
- HIV/AIDS: _____
- Anaemia: _____
- Jaundice
- Allergies (inc Penicillin/Abs etc.)

- Hayfever

Breathing:

- Asthma: _____
- COPD: _____
- Shortness of breath: _____

- Taken Steroids in the last 2 years?
- Bad reaction to LA or GA (anaesthetic)?
- Had a Joint replacement:
- Recent blood test or infection?

Have you had any of the following?

General:

- Blackouts
- Fainting
- Epilepsy
- Giddiness
- Anxiety/Depression: _____

- Are you Pregnant: _____
- Have you had a child in the past 12 months?
- Are you currently seeing a doctor/specialist?
- Do you carry a medical warning card?

Medications:

Please list all your medications and dosage here, including pills, injections etc:



Are you receipt of any of the following exemptions that entitle you to NHS treatment?

- Income Support
- Income based job seeker's Allowance
- Income related Employment support Allowance
- Pension Credit
- HC2/HC3 Certificate
- Pregnant/Had baby in last 12 months
- Universal Credit

Please bring up to date proof of this when attending your first appointment

Signed: _____ Date: _____

If you are unable to attend your dental appointments please notify the surgery as soon as possible.

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