Gibbons & Associates New Patient Details Form

For Reception use Only Date form handed in:

NHS Children and Private Patients Only

1st Patient 2nd Patient 3rd Patient 4thPatient

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  |  |  |  |
| Surname |  |  |  |  |
| Title |  |  |  |  |
| Date of Birth |  |  |  |  |
| Address  \*Proof Required  Post Code |  |  |  |  |
| Home telephone  number |  |  |  |  |
| Mobile number |  |  |  |  |
| Work telephone  number |  |  |  |  |
| Email Address |  |  |  |  |
| GP’s Name  & Address |  |  |  |  |
| Ethnic Group |  |  |  |  |

**NHS arrangements require us to ask your ethnic group please circle ONE selection from this list to indicate your ethnic group:**

|  |  |  |  |
| --- | --- | --- | --- |
| White British | White & Black African | Asian or Asian  British Pakistani | Black or Black  British African |
| White Irish | White & Asian | Asian or Asian  British Bangladeshi | Other Black background |
| Other white background | Other mixed background | Other Asian background | Chinese |
| White & Black Caribbean | Asian or Asian British Indian | Black or Black  British Caribbean | Any other  ethnic group |

**You can decline this question**

**Notice to all patients – Please give at least 24hrs notice if you cannot attend appointments as it may affect you being offered another appointment. Exempt NHS patients please note – You will be asked at each appointment to provide proof of entitlement when claiming help with the cost of NHS treatment. If no proof is shown your eligibility will be checked.**

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| **Gibbons & Associates Confidential Medical History Form**  Please update us on any changes to your medical history. All details will be dealt with  in a strictly confidential manner. If you are unsure of how to answer any  of the questions please speak to your dentist. | | |
| **Full Name:** | | |
| Medical Doctor's Name & Surgery: | | |
| Are you: |  | Please give relevant details below |
| Likely to be pregnant? | Yes/No |  |
| Receiving treatment from GP, hospital or  specialist? (Please give details) | Yes/No |  |
| Taking any prescribed medicines?  Including Contraceptive Pill  (Continue on reverse if necessary) | Yes/No |  |
| Allergic to any drug or other substances  including latex? (Please state what) | Yes/No |  |
| Addicted to drugs or alcohol? | Yes/No |  |
| Have you ever had: |  | Please give relevant details below |
| A heart problem, angina, high or low blood  pressure, suffered a heart attack or a  stroke? | Yes/No |  |
| Rheumatic fever? | Yes/No |  |
| Jaundice, hepatitis, liver problems or kidney  Disease? | Yes/No |  |
| Asthma, serious chest infection, disease or  condition? | Yes/No |  |
| Blood-related diseases including Hepatitis and/or HIV? | Yes/No |  |
| A reaction to general or local anaesthetic? | Yes/No |  |
| An operation or hospital treatment? | Yes/No |  |
| A heart valve replaced? | Yes/No |  |
| Blood refused for blood transfusion? | Yes/No |  |
| Post operative bleeding? | Yes/No |  |
| An organ transplant? | Yes/No |  |
| Do you: |  | Please give relevant details below |
| Have arthritis? | Yes/No |  |
| Have a pacemaker? | Yes/No |  |
| Ever have fainting attacks, giddiness or epilepsy? | Yes/No |  |
| Or anyone in your family have diabetes? | Yes/No |  |
| Carry a warning card? | Yes/No |  |
| Bruise easily or have you ever bled excessively? | Yes/No |  |
| Take steroids (past or present)? | Yes/No |  |
| Smoke? (If yes, how many per day?) | Yes/No |  |
| Drink alcohol? (How many units per week?) | Yes/No |  |
| Have any reason to think your immunity could be suppressed? | Yes/No |  |
| Have any other medical conditions including any Mental related Illnesses? | Yes/No |  |
| **Signature:** Date: **Dentist Signature:**  **To be completed by Patient, or Parent/Guardian of Child** | | |

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| --- | --- | --- | --- |
| Date | Patient Signature | Dentist Signature | Any Changes since your last visit? |
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**M.Gibbons and Associates**

**Missed Appointment / Late Cancellation Policy**

Every year we lose valuable surgery time because of patients failing to attend their appointments, or cancelling at short notice. This makes it more difficult for us to accommodate our patients in need of urgent treatment, for existing patients to book appointments and for new patients to register here.

**NHS Patients**

Under NHS regulations, we are unable to charge NHS patients who fail to attend for their appointments or who cancel at short notice (less than 24 hours notice is insufficient notice).

A patient who fails to attend their appointment or cancels at short notice, will be sent a letter (including this policy), warning them that they will lose their NHS entitlement here, if they fail to attend, or cancel at short notice again within a 12 month period. In the event that a further appointment is missed or cancelled at short notice within this 12 month period, we will withdraw the offer of NHS treatment at this practice. Should they wish to remain a patient here, they will need to register here on a private basis.

This is in line with the NHS Choices website that states, ‘Your dentist can terminate your treatment if you miss your appointment without letting the dental practice know. You may then need to pay again for a new course of treatment. While surgeries can't charge you for not turning up, NHS England has the right to ask you to find another dental practice if you continue to miss appointments.’

As with all medical facilities, we aim to see our patients on time but due to the nature of health care, this is not always possible. However, if a patient turns up late for their appointment so that treatment cannot be carried out, this will be regarded as failing to attend.

This policy does not affect your ability to seek NHS care at another NHS practice.

**Reminders**

Phone reminders are available for all appointments. If we have your contact information on file, we will always endeavour to provide a reminder call 24 hours in advance of your appointment. If we cannot speak to you in person we may leave an answer phone message, where the option is available to do so. It is your responsibility to check your phones (Home/ Work/ Mobile if all are provided) for missed calls or answer phone messages and ensure that we are informed of any changes to your contact information.

**Please note, telephone reminders are provided out of courtesy, not necessity. It is your responsibility to turn up on time for an appointment. Failure of the telephone reminder system for any reason is not sufficient reason for failing to attend or turning up too late for an appointment.**