

PREVIOUS DENTAL HISTORY



Completing this questionnaire will help us to understand your dental needs.
You can discuss any points you are not sure of at your dental appointment.

Name

Where did you hear of Diamond House Dental Practice?

Date of last dental examination (approximately)?

Have you had any dental X-rays taken recently?

Have you any concerns about your dental care in the past?

Are your teeth sensitive?

Have you any problems with loose teeth or bleeding gums?

Is there any specific dental issue you would like to discuss at you first visit?

Are you happy for us to contact your previous dentist for recent x-rays (if there are any)?

Yes No

During future treatment we may need to correspond with Medical specialists. Are you happy for this information to be sent by email?

Yes No

In the interest of patient care, do you give Diamond House permission to discuss your treatment with other health care professionals?

Yes No

Previous Dentist contact details (optional)

Signature: _____ Date: _____