**THE THATCHED HOUSE DENTAL PRACTICE**

**154 HIGH ROAD LEYTONSTONE, LONDON E15 1UA**

**TEL: 02085342926 Email: thatchedhousedental@gmail.com**

**FIRST NAME………………………………………………SURNAME……………………………………..………………………TITLE……...**

**ADDRESS…………………………………………………………………………………………………………………………………………………..**

**TOWN/COUNTY……………………………………………………………………………………………..POST CODE……………………….**

**DATE OF BIRTH…………………………MOBILE…………………………………………HOME TEL……………………………………….**

**OCCUPATION……………………………………………………………………………….NHS NO………………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NOTES** |
| **Are you in general good health?**  |  |  |  |
| **Are you taking any medication, pills or drugs from your doctor?** **If yes for what? Please list all medication names.** |  |  |  |
| **Are you allergic to any medicines or materials? (e.g. antibiotics, chlorhexidine, latex, local anaesthetic, metals, etc?) If yes, please specify.** |  |  |  |
| **Have you taken steroids in the past 2 years?** |  |  |  |
| **Are you pregnant? If yes when is the baby due?**  |  |  |  |
| **Have you had a hip/joint/valve replacement/pacemaker surgery? Please circle. If yes, when?** |  |  |  |
| **Have you had heart trouble/murmur, high blood pressure or rheumatic heart fever? Please circle. If yes, when?** |  |  |  |
| **Have you had jaundice, hepatitis, kidney disorders? Please circle.** |  |  |  |
| **Do you bruise easily following tooth extraction, surgery or injury?****Have you or your family bled to cause you to be worried?**  |  |  |  |
| **Are you suffering from diabetes?** |  |  |  |
| **Do suffer from hay fever or eczema? Please circle.** |  |  |  |
| **Have you or do you suffer from fainting attacks, blackouts or epilepsy? Please circle.** |  |  |  |
| **Do you drink alcohol? If yes, how many units per week?** |  |  |  |
| **Do you smoke? If yes, how many per day?** |  |  |  |

**Please tell us how you found out about this dental surgery? ……………………………………………………………………**

**THE PATIENT CHARTER**

**OUR PHILOSOPHY OF CARE**

1. **To provide and improve the best care for patients.**
2. **A commitment to attaining the highest standard of clinical practice and encouraging health promotion.**
3. **To maintain a comfortable and supportive working environment for all the staff.**
4. **To keep a happy team spirit and empathy for patients and staff alike.**
5. **To ensure that the communication is open between patients, staff and external parties (e.g. other professionals) at all times.**

**THE PATIENT’S RIGHTS**

1. **You will be treated in a friendly, courteous manner whenever you visit or telephone the surgery.**
2. **We will try to answer the phone promptly and ensure that sufficient staff are available to do this.**
3. **You have a right to confidentiality.**
4. **You have the rights to see your dental records, subject to the limitations of the law.**
5. **This practice will maintain and provide premises that are clean, comfortable, safe and as accessible as possible especially to our patients with mobility problems.**
6. **Patients will be treated as individuals and partners in their dental care, irrespective of their ethnic origin or religious or cultural beliefs.**
7. **At the time of your appointment we will listen empathetically to your concerns and then conduct a thorough examination. Before we provide any treatment, we will advise you of your options, we will discuss benefits and risks of the different options and the cost of treatment, so you can make an informed choice regarding the best treatment for your specific needs.**
8. **We will do our very best to keep to appointment times but due to the nature of healthcare, this is not always possible. However, when for some unforeseen circumstances we run late or are unable to keep to appointment time you will be offered a suitable alternative appointment.**
9. **We will deal with any suggestions or complaints quickly and effortlessly.**

**THE PATIENT’S RESPONSIBILITIES**

**For our team to give you and fellow patients the best possible service, we would ask you to note the following guidelines:**

1. **Please read the Patient Charter carefully and retain the copy of it for future reference (ask receptionist for a copy). It will help you to get the best out of all the services we offer.**
2. **Please let us know if you change your name, address or telephone number.**
3. **To inform us of any changes to your general health. This includes up to date information about all your medications and allergies you may have (or have developed).**
4. **To give us at least 48 hours’ notice when cancelling appointments, this allows us to allocate the appointment to other patients. Please see Our Late Cancellation/Failed Attendance Policy over leaf.**
5. **Where appropriate, payments for NHS treatments are payable in advance. Payments for private treatments are made as the treatment progresses.**
6. **For private treatments we take a minimum of £50 deposit (depending upon the duration of the treatment) prior to booking any further appointments.**
7. **We accept cash, credit/debit card (except Amex).**
8. **NHS registered patients entitled to free or reduced cost dental care, are requested to bring up-to-date proof of exemption every 6 months.**
9. **Children must be accompanied by an adult at all times. If you are bringing children along when you are coming for your treatment, please make sure there is an adult that can care for them while you are being treated. If you fail to do so we won’t be able to carry out the treatment.**
10. **In line with the NHS zero tolerance policy, it is the policy of this practice that, if a patient is abusive, threatening or violent to any member of staff, they will be immediately removed from the register.**
11. **Please switch off your mobile phone when entering the premises.**
12. **To keep to agreed recall time in line with National Institute for Health and Clinical Excellence Guidelines and take responsibility to make these appointments.**
13. **NHS registered patients must attend their dental examinations regularly. Failing to do so will result in losing their NHS status and their place will be given to the patients from the waiting list.**
14. **To take responsibility of maintaining good oral health.**
15. **NHS registered patients must be aware that their NHS status is subject to government funding. If we will no longer be able to see patient under the NHS in the future or for some time, patient will be informed.**

**FAILING TO ATTEND/LATE CANCELLATION APPOINTMENTS POLICY**

1. **As a new NHS registered patient if you fail to attend your first appointment with us we will not be able to offer you another appointment in line with our Practice Policy. You will be required to register with another dentist.**
2. **As NHS registered patient if you fail to attend your appointment 2 times without giving us 48 hours’ notice (less than 24 hours’ notice is insufficient notice), you will no longer be treated under NHS in our dental practice. Should you wish to remain a patient here, you will need to register here on a private basis.**
3. **As Privately registered patient (or NHS registered patient attending private treatment) if you fail to attend without giving us 48 hours’ notice, the fine will be applied: £25 for 15-30 min appointments, £40 for 45 min appointments, £60 for 60 min appointments. For appointments 75 min or longer you will be charged £1 per minute.**
4. **Unless failed appointment fine is paid in full, we won’t be able to book any further private treatment appointments in the future. This also applies to NHS registered patients failing to attend private treatment.**
5. **As with all medical facilities, we aim to see our patients on time but due to the nature of healthcare, this is not always possible. However, if the patient turns up late for their appointment so that treatment can’t be carried out, this will be regarded as failing to attend.**
6. **If we have your mobile phone number on file, a reminder text will be sent to you a few days before the appointment. All text messages sent by our system are logged when successfully sent. It is your responsibility to check your text messages and to ensure that we are informed of any changes to your mobile phone number. We will assume that you have received your reminder if it has been logged as successfully sent.**
7. **Please note that, text messages are sent out of courtesy, not necessity. It is your responsibility to turn up on time for an appointment. Failure of the text messaging system for any reason is not sufficient reason for failing to attend or turning up too late for treatment.**
8. **This policy does not affect your ability to seek NHS care at another NHS practice.**

**THE THATCHED HOUSE DENTAL PRACTICE**

**154 High Road Leytonstone, London E15 1UA**

**Tel: 02085342926**

**CONSENT TO CONTACT**

 **I allow this Dental Practice to contact me by the following method (circle as appropriate)**

**I consent to receive LETTER dental check-up reminders YES NO**

**I consent to receive TXT MESSAGE reminders for my booked appointments  YES NO**

**I consent to receive CALL reminders for my booked appointments  YES NO**

**If I am unable to speak/receive message/read any correspondence or in case of emergency I authorise the Practice to communicate with:**

**Give name: …………………………………………………………………………………...**

**Relationship: ………………………………………………………………………………...**

**Telephone: …………………………………………………………………………………...**

**I CONFIRM THAT MY CONTACT DETAILS ARE CORRECT.**

**I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE THATCHED HOUSE DENTAL PRACTICE POLICIES**

**Name (print): …………………………………………**

**Signature: …………………………………………….**

**Date: ………………**