

THE THATCHED HOUSE DENTAL PRACTICE
154 HIGH ROAD LEYTONSTONE, LONDON E15 1UA
TEL: 02085342926 Email: reception@thdp.uk

Title (Mr, Mrs, Miss, Ms, other title):

First name:

Surname:

Date of birth:

Telephone number:

Address:

Post code:

Email:

Occupation:

	Y	N	Give details here
Are you presently under medical care?			
Are you taking any medications prescribed by your doctor? (e.g. tablets, ointments, injections or inhalers including contraception and HRT therapy)			Please list:
Have you ever suffered from allergies to any medicines i.e. penicillin, substances (e.g. latex, rubber) or foods?			
Are you taking, or have you taken, any steroids in the last two years?			
Are you pregnant or is it possible you may be pregnant? If yes, when the baby is due?			
Do you suffer or have you suffered from mental disorders?			
Have you ever had hip, joint, valve replacement, pacemaker, brain surgery? If yes, when?			
Have you ever suffered from heart problems, angina, blood pressure problems or stroke?			
Have you ever had liver disease, (e.g. jaundice, hepatitis) or kidney disease?			
Do you bruise easily, or have you ever bled excessively?			
Have you ever suffered from diabetes?			
Do you have hay fever and/or eczema?			
Have you ever suffered from fainting attacks, dizziness, blackouts or epilepsy?			
Have you ever had any form of cancer?			
Have you ever suffered from any infectious diseases (including HIV and hepatitis)?			
Are you taking medication for osteoporosis (e.g. Alendronic Acid)?			
Have you ever had bad reaction to a local or general anaesthetic?			
Do you have Arthritis?			
Are you carrying a medical warning card?			
Have you ever been diagnosed or suspected as having variant Creutzfeldt-Jakob disease (vCJD)?			
Do you drink alcohol? If yes, how many units a week?			
Do you smoke, and if yes how many per day?			

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Details of contact in case of emergency/ next of kin/carer

Name:

Relationship:

Tel:

I authorise The Thatched House Dental Practice to communicate with my next of kin/carer YES NO

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 section below 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. Please 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. Please give us at least 48 hours' notice when cancelling appointments, this allows us to allocate the appointment to other patients. Please see Late Cancellation/Failed Attendance Policy below.
5. Payments for private treatments are made as the treatment progresses.
6. For private treatments we take a minimum of £100 deposit (depending upon the duration of the treatment) prior to booking any further appointments.
7. We accept cash, credit/debit card.
8. Children must be always accompanied by an adult. 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.
9. 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.
10. Please switch off your mobile phone when entering the treatment room.
11. Please keep to the agreed recall time in line with National Institute for Health and Care Excellence (NICE) guidelines and take responsibility for making this appointment.
12. All inbound and outbound calls are recorded for quality, training, compliance, and record-keeping purposes. By using our service, you consent to such recording.

FAILING TO ATTEND/LATE CANCELLATION APPOINTMENTS POLICY

1. As a privately registered patient, if you fail to attend without giving us 48 hours' notice, a fine will be applied. The amount of the fine will depend on the duration of your appointment, charged at £1 per minute. For example, a 30-minute appointment will incur a £30 fine, a 45-minute appointment £45, and a 60-minute appointment £60. The late cancellation/failed to attend fee must be paid no matter the reason for absence (even if appointment is missed due to illness, accident, traffic, etc) to cover lost surgery time and costs of running the business. We are sure you will appreciate that as a small business our running costs are extremely high, and we can no longer afford to cover the cost of unfilled surgery time due to a patient failing to attend their appointment or late cancellations.
2. Unless failed appointment fine is paid in full, we won't be able to book any further private treatment appointments in the future.
3. 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.
4. 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.
5. 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.

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: