**THE THATCHED HOUSE DENTAL PRACTICE**

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

**TEL: 02085342926 Email:** [**thatchedhousedental@gmail.com**](mailto:thatchedhousedental@gmail.com)

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

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

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

**DATE OF BIRTH…………………………CONTACT NUMBER…………………………………………………………………………………**

**EMAIL…………………………………………………………………………………….OCCUPATION…………………………………………..**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NOTES** |
| **In general, are you in 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 continue to the next page 🡪🡪**

**EMERGENCY CONTACT PERSON:**

**Name: Relationship:**

**Telephone:**

**I authorise the above-named person to act on my behalf: YES ⃝ NO ⃝**

**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 below.**
5. **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.**
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 premises.**
11. **To keep to agreed recall time in line with National Institute for Health and Clinical Excellence Guidelines and take responsibility to make these appointments.**
12. **To take responsibility of maintaining good oral health.**

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

1. **As Privately registered patient 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.**
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:**