

The Village Dental Practice

Principal: Dr S Oberai,
BDS, MFGDP UK, MFDS.RCS Eng, MRCPS Glas, MJDF.RCS Eng, DipImpDent RCS Eng, FFGDP (UK)

MEDICAL HISTORY FORM

Welcome to our Practice.

PLEASE COMPLETE FORM FOR CHILDREN UNDER 16

We would like to offer your child the best possible treatment and therefore request that you kindly complete the following questionnaire:

Surname First Name
Date of Birth Title
Address
..... Post Code
Telephone: Mobile Work
Email Address
GP Name and Address
.....
Where did you hear about us?
What is your main reason for your child attending this Practice?
Is your child allergic to anything? If so, please name:

Does your child suffer from any of the following?

Diabetes YES/NO
Heart problems YES/NO
Rheumatic Fever YES/NO
High or Low Blood Pressure YES/NO
Lung Problems, i.e., Asthma, Bronchitis etc YES/NO
Excessive Bleeding/Bruise easily YES/NO
Kidney or Liver disease/Hepatitis YES/NO
Anything else we should know about YES/NO
Please list any current Medication

Is the patient aware of our recommendations for oral hygiene advice and diet advice?

REMCOMENDATIONS:

1. We recommend that your child have a fluoride treatment at dental visits. There is no fluoride in the water in this area.
2. Citrus fruit and fizzy drinks need to be avoided as much as possible.
3. Safe snacks are cheese, raw vegetables, nuts, yoghurts and most fruit.
4. Every time you eat or drink anything containing sugar your teeth are under acid attack for up to an hour.
5. Brushing for 2 minutes twice per day with fluoride toothpaste and using a fluoride mouthwash.
6. Floss with adult teeth as shown by your dentist.

Please note you may be charged £15 for any missed appointments