Before you begin

Please complete this form using BLOCK CAPITALS and BLACK INK

It is important for your dentist to have your medical history and understand your health needs before any examination or treatment is carried out. If you are a new patient to the centre, please complete the following form for your first assessment. Medical information will be kept strictly confidential.
# Your personal details

To see how we use your information, please read our privacy notice on bupa.co.uk/privacy

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

**First name(s) (please include all forenames in full)**

**Surname**

**Address**

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>D</th>
<th>D</th>
<th>M</th>
<th>M</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

**Home telephone number**

**Work telephone number**

**Mobile telephone number**

**Email address**

**Company name**

How did you hear about us?

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# Details of contact in case of emergency

**Name**

**Telephone**

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# Next of kin

**Name**

**Telephone number**

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# Insurance details

Are you insured for any dental care?  
☐ Yes ☐ No (optional)

If yes, under which insurer or plan?

Membership number (if applicable):

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# Medical history questionnaire – confidential

Please fill in this section carefully. It is important that your dentist has your full medical history. Please ask your dentist’s advice if you are unsure about any of the questions.

**GP name**

**Telephone number**

**Address**

<table>
<thead>
<tr>
<th>Postcode</th>
</tr>
</thead>
</table>

Have you been seen by your GP during the past year?  
☐ Yes ☐ No

Are you presently under medical care or taking any medication (tablets, medicines or drugs)?  
☐ Yes ☐ No

If yes, please list:

Are you taking or have you taken steroids in the last two years?  
☐ Yes ☐ No

Have you ever had a prolonged illness or been hospitalised?  
☐ Yes ☐ No

Have you had any major/serious operations or radiation therapy?  
☐ Yes ☐ No
Do you have or have you had any contact with Hepatitis or HIV/AIDS carriers which is likely to put you at risk from either of these viruses?  
Yes  
No

Did you as a child or since have brain surgery, growth hormone treatment before the mid-1980s or have a close relative with CJD?  
Yes  
No

Have you ever had any ill effects following dental treatment?  
Yes  
No

Have you or any relation had any severe prolonged bleeding problems?  
Yes  
No

Have you any allergies to medicines ie penicillin, substances or materials (latex/rubber)?  
Yes  
No

Have you had any ill effects from any other antibiotic?  
Yes  
No

Have you had any ill effects from local anaesthetic?  
Yes  
No

Do you smoke any tobacco products or chew tobacco, pan/betel nut or other similar products?  
Yes  
No

If yes, how many a day?  

Have you previously smoked?  
Yes  
No

Do you drink alcohol? If yes, approximately how many units per week?  

The next two questions are applicable to women only.

Are you pregnant or is it possible you may be pregnant?  
Yes  
No

Are you taking contraceptive pill? Certain medication may compromise its effectiveness.  
Yes  
No

Is there any other information about your medical history which may be important?  
Yes  
No

The next two questions are applicable to women only.

Are you pregnant or is it possible you may be pregnant?  
Yes  
No

Are you taking contraceptive pill? Certain medication may compromise its effectiveness.  
Yes  
No

Is there any other information about your medical history which may be important?  
Yes  
No

Dental history

What prompted you to seek dental care at this time?  

How long is it since your last thorough dental examination with X-rays?  

What words best describe your past dental experiences?  

[ ] Caring  [ ] Relaxed  [ ] Modern  [ ] Painful  [ ] Stressful  [ ] Sympathetic  [ ] Rushed

[ ] Good value  [ ] Uncomfortable  [ ] High-tech  [ ] Old fashioned  [ ] No choice

Has the fear of discomfort kept you from regular visits?  
Yes  
No

Have you experienced any discomfort in your teeth recently?  
Yes  
No

Are you aware of any grinding or clenching of your teeth?  
Yes  
No

Do your jaw joints ever hurt or click?  
Yes  
No

Do you suffer from headaches or migraine pains in your face or your ear?  
Yes  
No

Do your gums bleed easily, feel tender or irritated?  
Yes  
No
Dental history (continued)

Are you troubled with bad breath or a bad taste?  [ ] Yes  [ ] No

Would you like to know more about any of the following?

Teeth whitening  [ ] Yes  [ ] No  Teeth straightening  [ ] Yes  [ ] No
Replacing missing teeth  [ ] Yes  [ ] No  Softening lines/wrinkle reduction  [ ] Yes  [ ] No

I understand a minimum of 24 hours notice must be given to change or cancel an appointment. A cancellation fee of 50 percent of your treatment cost will apply if changes are made with less than 24 hours notice.

Patient signature (or parent/guardian signature if under 16)

Date  [ ] D  [ ] M  [ ] Y

Dentist/dental professional signature

Date  [ ] D  [ ] M  [ ] Y

Making a complaint

We’re always pleased to hear about aspects of our service that you have particularly appreciated, but we also want to hear about any problems you’ve experienced, so that we can deal with them and improve our service for the future.

The purpose of our complaints policy is to establish a clear process for the management and resolution of complaints. We want to ensure that learning from complaints leads to continuous service improvement so if something goes wrong, we have a simple process to make sure that your concerns are dealt with quickly and effectively.

What do I need to do?

If you have a concern about any aspect of our service, please let us know as soon as possible. You can speak to one of our team in centre or the centre manager.

If we can’t help you with your concern, you may decide to make a complaint. You can do this in person, by telephone or in writing and this should be to the centre manager.

We’ll investigate your complaint and you’ll receive the following:

- we aim to send you a written acknowledgement of your complaint within one working day of receipt, unless a full reply can be made within seven days
- a full response will be made within 21 days of receipt, or updates as to the position of the investigation.

What if I’m still unhappy?

If you’re not happy with our full response to your complaint, you can request to have this escalated and reviewed by the relevant senior manager.

If you’re still unhappy with our response to your complaint, this can be escalated further, and be reviewed by the relevant director.

This process doesn’t affect your legal rights.

Policy Principles

The policy’s key principles are:

- accessibility
- impartiality
- simplicity
- speed of response
- improvement in the quality of service provided to Bupa customers
- confidentiality.

We keep a record of every complaint and look at how many we receive and the reasons. We use this information along with our customer surveys to help make sure we continually improve the service we provide.

All complaints are dealt with impartially and confidentially. Your information will be handled in line with our privacy notice: bupa.co.uk/privacy

Care Quality Commission (CQC)

All Bupa Centres in England (with the exception of occupational health and on-site corporate centres) are registered with the Care Quality Commission (CQC).

If after our investigations you’re not satisfied or feel we have not met any of the Health and Social Care Act 2008 regulations you can escalate your concerns to them.

Care Quality Commission, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

Tel: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk
Your information and privacy

We recognise that when you give us personal information (which includes health information) you’re trusting us to take good care of it. Please see www.bupa.co.uk/privacy for more information about how we collect, use and protect your data.

If you don't want to receive marketing about Bupa products and services that we think are relevant to you, please email us at optmeout@bupa.com, write to us at Bupa UK Information Governance, Willow House, Pine Trees, Staines, TW18 3DZ, or call our customer service team.