Dental services

Medical history questionnaire

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 page 5.

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

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

Surname

Address

Postcode

Date of birth DD MM YY

Home telephone number

Work telephone number

Mobile telephone number

Email address

Occupation

Company name

How did you hear about us?

Details of contact in case of emergency

Name

Telephone

Next of kin

Name

Telephone number

Insurance details

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

If yes, under which insurer or plan?

Membership number (if applicable):

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

Postcode

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
**Medical history questionnaire (continued)**

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you as a child or since have brain surgery, growth hormone treatment before the mid-1980s or have a close relative with CJD?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever had any ill effects following dental treatment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you or any relation had any severe prolonged bleeding problems?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you any allergies to medicines ie penicillin, substances or materials (latex/rubber)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any ill effects from any other antibiotic?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any ill effects from local anaesthetic?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever had any ill effects from aspirin?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you smoke any tobacco products or chew tobacco, pan/betel nut or other similar products? If yes, how many a day? cigarettes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you drink alcohol? If yes, approximately how many units per week? units</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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? If yes, please list below.

<table>
<thead>
<tr>
<th>Dental history</th>
</tr>
</thead>
<tbody>
<tr>
<td>What prompted you to seek dental care at this time?</td>
</tr>
<tr>
<td>How long is it since your last thorough dental examination with X-rays?</td>
</tr>
<tr>
<td>What words best describe your past dental experiences?</td>
</tr>
<tr>
<td>Caring</td>
</tr>
<tr>
<td>Relaxed</td>
</tr>
<tr>
<td>Modern</td>
</tr>
<tr>
<td>Painful</td>
</tr>
<tr>
<td>Stressful</td>
</tr>
<tr>
<td>Sympathetic</td>
</tr>
<tr>
<td>Rushed</td>
</tr>
<tr>
<td>Good value</td>
</tr>
<tr>
<td>Uncomfortable</td>
</tr>
<tr>
<td>High-tech</td>
</tr>
<tr>
<td>Old fashioned</td>
</tr>
<tr>
<td>No choice</td>
</tr>
<tr>
<td>Has the fear of discomfort kept you from regular visits?</td>
</tr>
<tr>
<td>Have you experienced any discomfort in your teeth recently?</td>
</tr>
<tr>
<td>Are you aware of any grinding or clenching of your teeth?</td>
</tr>
<tr>
<td>Do your jaw joints ever hurt or click?</td>
</tr>
<tr>
<td>Do you suffer from headaches or migraine pains in your face or your ear?</td>
</tr>
<tr>
<td>Do your gums bleed easily, feel tender or irritated?</td>
</tr>
</tbody>
</table>
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
Replacing missing teeth □ Yes □ No
Teeth straightening □ 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 D M M Y Y

Dentist/dental professional signature

Date D D M M Y 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 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 policy:
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
Privacy notice – in brief

This privacy notice should be read alongside our full privacy notice. The full notice and a list of the trading companies that make up the Bupa group, can be found at bupa.co.uk/privacy. By providing your information, you consent to the use of your data and information as described in the full privacy notice and cookie policy. If we make a change to any of the ways in which we process personal information, we will update this notice on bupa.co.uk/privacy so please check back regularly for updates. You can also email dataprotection@bupa.com and ask us to send you the latest version at any time.

Personal information
In providing you with our services, Bupa may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines issued by professional bodies.

Securing information
We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect.

Information we may hold about you
The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

When we collect your information
Information about you is collected when you engage with Bupa or the Bupa group of companies either by entering into a contract with Bupa, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity. We may collect personal information about you from other people when you are named in an application form or as a dependant under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. Please note it is a term and condition of your policy that Bupa may obtain medical and billing information from your treatment provider relating to claims or complaints you may make.

Using your information
We use your personal information to provide you with our services, and to improve and extend our services.

Sharing information
Information about you may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Bupa works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member. You may receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer’s insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

Keeping information
We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed
The Bupa group would like to let you know more about our products and services. From time to time we might contact you (by post, email, phone or SMS text) with information we think might interest you. If you do not wish to receive marketing information, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team, their contact details can be found below.

Accessing information
If you have any data protection queries, please contact the Bupa UK Information Governance team on dataprotection@bupa.com or write to 4 Pine Trees, Chertsey Lane, Staines-upon-Thames TW18 3DZ
You should also contact the team if you would like a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information.