



New patient details form – Whitton Corner Dental Practice

Appointments available Monday – Friday 9am – 5pm

We are not open weekends or late evenings

For you to be treated by us you will need to provide all of the following

Name: _____ (Mr/Miss/Mrs/Dr

Date of Birth: _____

Address: _____

Tel No: _____ Mobile No: _____

Email: _____

NHS Number(compulsory): _____

National Insurance Number (compulsory if over16)

Do you receive benefits? _____

Not all benefits will exclude you from paying nhs charges. It is the patients' responsibility to know whether they are exempt or not, if you are unsure you should check before booking. Please bring proof of your benefit with you when you attend for appointments.

You will need to notify us of any medical conditions you have. If you take regular medication please bring a note of what you take or your repeat prescription with you.

None of our dentists work five days per week, so in order to make sure we book correctly please indicate which day(s) suit you best to attend.

Monday Tuesday Wednesday Thursday Friday

Are you a nervous patient: _____

Are you happy with your smile? _____

If not why? _____

If you could change one thing about your teeth what would it be?

Do your gums bleed when you brush? _____

Are your teeth sensitive to hot or cold? _____

Have you thought about whitening your teeth? _____

Please attend 5 minutes before your appointment time so that any relevant paperwork can be completed before you see the dentist.

If you fail to attend your first appointment without prior notification you will not be able to rebook.

If you cancel more than one appointment without giving 24 hours notice you will not be able to rebook.

Please use the next page to give us your family members details

Whitton Corner HSCC

Percy Road, Twickenham, TW2 6JL

020 3458 5310 info@whittoncornerdental.com

Additional Family members:

Name: _____ Date of Birth: _____
(NHS No: _____ National Ins No: _____)

Name: _____ Date of Birth: _____
(NHS No: _____ National Ins No: _____)

Name: _____ Date of Birth: _____
(NHS No: _____ National Ins No: _____)

Name: _____ Date of Birth: _____
(NHS No: _____ National Ins No: _____)

Name: _____ Date of Birth: _____
(NHS No: _____ National Ins No: _____)

Any other comments or additional information:

New Patient Survey
Please help us to improve our service to you

Dear Patient,

Please help us understand how you found us and why you chose our practice by completing this questionnaire. In each question tick the box in the column, which best describes what you think. This is **completely anonymous** and any information you provide will be treated in the **strictest confidence**. When you have completed the questionnaire please place it in the box provided at reception.

Thank you for your time and co-operation.
Please tell us about you

- Are you: Male Female Prefer not to say

- Which of the following age groups applies to you? 16 – 18 19 – 24
25 – 34 35 – 44
45 – 54 55 – 64
65 + Prefer not to say

- How did you first hear about the practice?
Just passing
Recommended by another patient
Recommended by a family member
Yellow pages
Newspaper advertising
Website
Internet search
Can't remember
Other (please specify) _____

- Why did you originally choose this practice?
Close to home
Close to work
Recommended by another patient
Recommended by a family member
Fees
Promotion
Offered NHS dentistry
Offered private dentistry
Offered a dental plan
Can't remember
Other (please specify) _____

- How far do you travel to the practice from your home?
Less than 5 miles 5 - 9 miles 10 - 14 miles 15 + Miles

Thank you for taking time to complete this questionnaire.

whitton corner

dental practice