

Thank you for completing the medical form.

Surname(Mr,Mrs,Miss,Ms).....
 Forename.....
 Address.....

 Postcode.....
 Telephone
 Mobile.....
 Emergency contact number / relationship.....
 Email.....
 Date of birth.....
 Occupation.....
 Are you covered by private dental insurance.....

Certain medical conditions can affect dental treatment so please complete the following questions carefully.

All details will be strictly confidential.

Do you have or have you ever suffered from:

	yes	no
Rheumatic Fever?.....	<input type="checkbox"/>	<input type="checkbox"/>
Any heart complaint?If so please state.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
Stroke?.....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes? - Type 1 or type 2.....	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy?.....	<input type="checkbox"/>	<input type="checkbox"/>
Fainting attacks?.....	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis? Or Pneumonia? Please state.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
If so do you carry your asthma inhaler with you.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from hayfever?.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis? Type A,B,C,D,E?.....	<input type="checkbox"/>	<input type="checkbox"/>
Excessive bleeding?.....	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
High cholestrol?.....	<input type="checkbox"/>	<input type="checkbox"/>
Any other serious illness? Please state.....	<input type="checkbox"/>	<input type="checkbox"/>
.....		
Do you carry a medical warning card or wear a medical bracelet?.....	<input type="checkbox"/>	<input type="checkbox"/>
If so for what condition?.....		
Do you require antibiotics prior to treatment as advised by GP?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you allergic to any medications or latex? Please state which.....	<input type="checkbox"/>	<input type="checkbox"/>
.....		
In the past 2 years have you undergone any operations?.....	<input type="checkbox"/>	<input type="checkbox"/>
In the past 2 years have you been treated with hydro-cortisone or cortisteroids?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking Bisphosphonates?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a joint replacement? Please state.....	<input type="checkbox"/>	<input type="checkbox"/>
Please tick the box or tell the dentist if your are HIV positive.....	<input type="checkbox"/>	<input type="checkbox"/>

Temperature above 37.8 degrees?.....	<input type="checkbox"/>	<input type="checkbox"/>
Any symptoms of respiratory tract?.....	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste?.....	<input type="checkbox"/>	<input type="checkbox"/>
Loss of smell?.....	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained tirednes or lethargy ?.....	<input type="checkbox"/>	<input type="checkbox"/>
Muscular aches, different from normal?.....	<input type="checkbox"/>	<input type="checkbox"/>
To my knowledge I have had none of the above.....	<input type="checkbox"/>	<input type="checkbox"/>

If you have responded positively to any of the above symptoms we would strongly advise self isolating and delaying any non essential dental care for at least one month. Please contact 111 for further advice or Gov.UK.Coronavirus-test.

Based on your activity over the last 4 weeks, how would you assess your risk of being exposed or infected by Covid19?

	yes	no
High Risk - Frontline health care worker or confirmed case of infection at home or at work	<input type="checkbox"/>	<input type="checkbox"/>
Moderate risk - Key worker with public but without symptoms or known exposure to an infected individual	<input type="checkbox"/>	<input type="checkbox"/>
Low risk - Have been isolated / in lockdown alone or with family members with minimal social contact and no known exposure to an infected individual	<input type="checkbox"/>	<input type="checkbox"/>
Previously infected and recovered - Confirmed by hospital testing with documentation (please upload or bring copies)	<input type="checkbox"/>	<input type="checkbox"/>

Please look at the two risk catergories below: Are you in the **HIGH** or **MODERATE** Risk group for Covid19?

People at **High risk** (clinically and extremely vulnerable) as defined by the NHS at <https://www.nhs/conditions/coronavirus-covid-19/people-at-higher-risk>

are having chemotherapy or antibody treatment for cancer, including immunotherapy - are having course of radiotherapy (radical radiotherapy) for lung cancer - having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors) - having blood or bone marrow or stem cell transplant in the past 6 months, or are taking immunosuppressant medicine -

been told by a doctor that they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD) - have an condition that means they have a very high risk of infection (such as sickle cell) taking medication that makes them more susceptible to infection (such as high doses of steroids or immunosuppressant medicaine) - have a serious heart condition and are pregnant -

If you are in the high risk group you should have received a letter from the NHS to shield.

People at **Moderate risk** (clinically vulnerable)

as defined by the NHS at <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk>

are pregnant - have a lung condition that is not severe (such as asthma and COPD, emphysema or bronchitis) - have heart disease (such as heart failure) - have diabetes - have chronic kidney disease - have liver disease (such as hepatitis) - have a condition affecting the brain or nerves such as Parkinsons, motor neurone disease, multiple sclerosis or cerebral palsy - have a condition that means they have a high risk of infection - are taking medications that can affect the immune system (such as low dose steroids) - are obese with a BMI of 40 or above -

If you are in the moderate risk group you are allowed to exercise and work and social distance.

Yes I am in the **High Risk** group

Yes I am in the **Moderate Risk** group

No I am not in either group

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

GDPR and consent.

Please note that some treatment carried out at Sea Road Dental Practice is photographed or video documented as part of your clinical records. This may need to be shared to a third party by means of a private or NHS referral. It is also a policy that we collect information to provide the best possible care and treatment for patients. The information collected about you when you use these services can be used for other organisations for purposes beyond their care. For instance to help with

- * improving the quality and standards of care provided
- * research into the development of new treatments
- * preventing illness and diseases
- * monitoring safety
- * planned services

This may only take place when there is a clear legal basis to use this information. All these uses help to provide better health and care for you. Confidential patient information about your health and care is only used like this where allowed by law. Most of the time anonymised data is used for research and planning so that you cannot be identified in which case your confidential patient information isnt needed.

You have a choice about whether you want your confidential patient information to be used in this way. If you are happy with this use of information you do not need to do anything. If you do choose to opt-out your confidential patient information will still be used to support your individual care.

To find out more or register your choice to opt-out please visit

<http://www.nhs.uk/your-nhs-data-matters>

You can also find out more about how patient information is used at

<https://www.hra.nhs.uk/information-about-patients>

(which covers health and research)

<https://understandingpatientdata.org.uk>

(which covers how and why patient information is used, the safeguards and how decisions are made)

You can change your mind about your choice at any time.

Data being shared for purposes individual es not include your data being shared with insurance companies or used for marketing and data only be used in this way with your specific agreement.

Dental treatment during Covid19.

As with any transmission of any communicable disease like a cold or flu, you could be exposed to Covid19 also known as Coronavirus at any time or in any place. We have implemented and will continue to follow all recommended Government and Scientific guidelines and use equipment such as **PPE** and cleaning protocols to limit the transmission of all diseases.

There is a chance you could be exposed to illness at the surgery just as you would whilst shopping despite the careful attention we have used to strengthen disinfection and personal barriers.

Nationwide social distancing has reduced the transmission rate but it is still prevalent within society.

Although we have taken measures to enable social distancing, due to the nature of the dental environment it is not possible to maintain social distancing between the patient and the dentist. We will endeavour to maintain distance where possible with other team members but this is not always achievable during treatment. We understand that this may be difficult but we will try our utmost to make your visit clinically sound and safe.

I understand that Sea Road Dental Practice will take every precaution to make sure my treatment is provided according to strict protocols and hygiene procedures. I understand that some people are considered higher risk of illness or higher mortality if they become infected with Covid19.

I consent to the treatment being provided during the phase of Covid19.

Name.....

Signature.....

Date.....