

# WELLINGTON DENTAL PRACTICE

## NEW PATIENT APPLICATION FORM

Welcome to Wellington Dental Practice

We are delighted that you have selected our practice to provide your dental care.  
So that we can do our best for you, we would like to ask a few questions, this will help our team provide the service and clinician you require.

Today's Date		
Title		
Full Name		
Date of Birth		
House Name/Number Street Town Postcode		
NHS Number		
Email Address		
Are you happy to receive via email ...	PLEASE ANSWER YES / NO	
e-mail Appointment Reminder	YES	NO
Monthly Newsletter	YES	NO
Promotions / Services	YES	NO
Home Telephone		
Work Telephone		
Mobile Telephone		
Are you happy to receive text message appointment reminders?	YES	NO
What is your preferred contact method?		

Are you experiencing any problems?		
Pain , Abscess or Swelling	YES	NO
Broken Teeth	YES	NO
Broken Filling	YES	NO
Broken Crown (Cap) or Bridge or Denture (Plate)	YES	NO
Please explain your current problem in more detail below:		

Do you currently have a dentist to change from?	YES	NO	
If YES, where from and why do you wish to change?			
Do you wish to be seen as a Private or Denplan Patient?	PRIVATE	DENPLAN	
How long ago was your last dental visit?			
How often do you normally visit the dentist?			
How did you hear about our practice?			

Do you...		
Wish your teeth were whiter?	YES	NO
Wish to have straighter teeth?	YES	NO
Have any discolored teeth that bother you?	YES	NO
Wish to see a Hygienist?	YES	NO
Have gums that appear red, swollen or bleed after brushing?	YES	NO
Want to remove wrinkles via Botox or Facial fillers?	YES	NO
Do you want Dental Implants?	YES	NO
Are you interested in Intravenous Sedation?	YES	NO
Please note down below any other service you may be interested in?		

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