

# Union Street Dental

## Confidential Medical History Form

Like all dentists, we ask patients for information about their general health to help us to treat them safely. Please write your personal details below answer the health questions on the reverse and then sign the form. All information will be kept strictly confidential.

Title	Forename	Surname
Date of Birth	Sex	Male / Female

Address
Postcode

Tel No Home	e-mail address
Mobile No	Tel No Work
For appointment reminders - preferred contact method-	Email/text message
Occupation	

Doctor's name, address, telephone number	
How long since last dental treatment?	

Do you receive any of the following benefits which entitle you to <i>free</i> NHS treatment? <b>(we need to see proof of benefit)</b>	Yes/No
Working Tax Credit	
Pension Credit-Guarantee Credit	
Job Seeker's Allowance	
Disabled Persons Tax Credit	
HC2 Certificate	
HC3 Certificate	
Income Related Employment Support Allowance	

**In the event of an emergency, please contact:**

**Name:**

**Phone Number:**

**Please Turn Over**