GrantaDental

New patients' registration form

Please fill out the following form to help us contact you. If we are aware of your particular concerns we can ensure that there is time to discuss them at your appointment. Please bring it with you when you next visit the surgery, or send it to our postal address.

Identity information

Title Mr		Mrs		Dr		Miss		Ms	

Forenames	
Surname	

Gender	Male		Female	

Date of birth	

Contact details

Your address	
Your postcode	

Daytime telephone		**Evening telephone**	

Mobile phone	
Email address	

How do you prefer to be contacted?	Email		Post		Telephone	

How can we help you?		
	Please provide me with information	
	Help me to register and arrange an initial consultation	
	Make an appointment for me	

Appointments are available weekdays, what time suits you best?	8 am – 10 am		10 am – noon		noon – 2 pm	
	2 pm – 4 pm		4 pm – 6 pm		6 pm – 8 pm Thursdays only	

Your needs

	Yes		No	
Do you require disabled car parking for appointments?	Yes		No	
Do you require wheelchair access?	Yes		No	
Do you find stairs difficult?	Yes		No	
Do you have other special requirements?	Yes		No	

Please turn over the page

Your concerns

Question				
Are you in any pain?	Yes		No	
Are your teeth sensitive?	Yes		No	
Do your gums bleed when you brush your teeth?	Yes		No	
Do you experience frequent headaches, pain or stiff neck?	Yes		No	
Are you concerned with the appearance of your teeth and smile?	Yes		No	
Are you worried by the colour of your teeth, crowns or fillings?	Yes		No	
Are you worried by gaps that show between your teeth?	Yes		No	
Are you worried that your breath smells?	Yes		No	
Do your dentures feel uncomfortable?	Yes		No	
Are you concerned about the cost of treatment?	Yes		No	

How did you hear about us?	Yellow pages		Internet		From a friend	
	Professional referral		Advertisement		Other	
This form has been completed by	Self		Parent		Guardian	

Thank you for filling out the new patients registration form. Please bring it with you when you next visit the surgery, or send it to our postal address at:

Granta Dental, The Old Coach House, 53 Newnham Road, Cambridge, CB3 9EY