



Declaration of Interest Form

To be completed by the Patient/Guardian of the Patient:

Title:		Surname:	
First Name:		Previous Names:	
Date of Birth:		Sex:	
Address (Proof of address required) Any 2 of the following; Bank statement, photo ID, utility bill, passport.		Next of Kin: Next of Kin, Contact telephone number:	
Telephone Numbers		Email address: (Essential for practice communications e.g.: appointment scheduling and re-scheduling)	
Occupation:		Nationality:	
Medical GP Details:			
Preferred dental service:		NHS	Denplan Private
Do you have dental insurance? Yes No If yes, who is your dental insurance provider?			
Are you a UK resident? Yes No Only required for NHS application		If no your current residency status Only required for NHS application	
Non-UK residents mandatory for NHS application			
Immigration Health surcharge number (IHS) Only required for NHS application		Non- UK European Health Insurance Card ID number (EHIC) Only required for NHS application	
National insurance number:			
<u>If you are from abroad</u> Your current UK Address and duration of your stay:			

Reason for the application

Do you have a dental problem? Yes No	
Is the problem urgent? Yes No	
If yes to either of the above: 1) how long has the problem been evident to you? 2) Briefly describe the problem:	
Do you wish to be seen for only the dental problem? Yes No	Do you wish to be a routine patient? Yes No

Are you interested in any particular treatment(s)?

Invisalign	<input type="checkbox"/>	Tooth Whitening	<input type="checkbox"/>	Cosmetic (specify below)	<input type="checkbox"/>
Other (please state):					
Would you like more information on:					
Denplan	<input type="checkbox"/>	Private	<input type="checkbox"/>	NHS treatment	<input type="checkbox"/>

Dental history

Previous Dental Practitioner	What attracted you to our practice?
What if any, were the reasons for moving from your existing dentist?	
When did you receive your last dental examination?	
When did you last receive a hygiene appointment?	
How many hygiene appointments did you normally receive in a year?	

Do you have a carer or are you dependant on someone?

Name	Relationship
Contact Telephone number	Power of attorney <ul style="list-style-type: none"> • Health and Welfare • Financial Evidence of power of attorney will be asked for, and a copy will be taken for the patient's notes.

Signature

Sign:	Print Name:
	Date:
On behalf of/relationship:	

Declaration

I understand that the completion of this form is a declaration of interest in receiving dental treatment at this practice. As such, I understand that I am currently not registered under anyone's care at this practice.

I agree that my details will be held on a waiting list so that I can be contacted for an appointment.

I understand that people have different dental needs that therefore require differing treatment times. Reception is therefore not able to accurately predict when I will be seen by checking my position in the queue.

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me including the non-acceptance as a patient of this practice.

A parent or the legal guardian should complete the form on the behalf of a child under 16

Only one form should be used per applicant.

If you have applied to become an NHS patient, the information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations and the Quality Care Commission, Business Services Authority and Department of Health.