

# *Bore Street Dental Practice Ltd.*

24/26 Bore Street, Lichfield, WS13 6LL Tel: 01543 262092

Title ..... Name.....

Date of Birth.....Address/Postcode.....

Home tel. number.....Mobile.....

Signature.....Date.....

I wish to become a new private patient at the Practice.  
Failure to attend an appointment, or cancelling at short notice, may result in the practice being unable to offer further appointments.

To help us understand your requirements we would be grateful if you would take a few minutes to answer the questions below.

Do you have a dental problem at the moment ?

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Are there any other problems with your mouth that concern you ?

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Does the appearance of your teeth concern you ?

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When did you last have *regular* dental treatment ?

.....

Are you worried or anxious about dental treatment ?

.....

How many times do you brush your teeth per day?

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Would you say that you take sugary foods or drinks frequently?

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Do you play any contact sports ?

.....

Is there anything else about your dental history that you would like us to know?

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Thank you. We look forward to discussing your requirements in more detail at your consultation appointment.