Welcome to Campbell Huber Orthodontics

At your initial consultation we will assess whether orthodontic treatment should be undertaken. For this, it may be necessary to take X-rays and possibly impressions of your teeth. It is essential for our records that we have details of your general health. All patient details are kept in the strictest confidence. Your cooperation is greatly appreciated.

Patient's first name: _____ Title: _____

Patient's surname: _____ Date of Birth: _____

Permanent Address: _____

_____

Full Postcode: _____

Telephone numbers: Daytime: _____ Evening: _____

Mobile: _____

E-mail Address: _____

Emergency Contact: _____

Name and address of Doctor: _____

Name of your Dentist: _____

Address of Dentist: _____

Parent/Guardian Name: _____

How Did You hear About Us? (e.g. referred by dentist, website, leaflet, friend etc.) _____

Are you currently?	YES	NO	If YES please give details
Pregnant or possibly pregnant?			
Receiving treatment from a GP, Hospital or Clinic?			
Taking any Prescribed Medicines?			
Carrying a Warning Card?			

:

Do you or have you ever suffered from?	Yes	No	If YES, please give details.
Allergies to medicines (e.g. Penicillin) or Substances (e.g. Latex) or Foods			
Bronchitis, Asthma, Tuberculosis or other chest condition?			
Diabetes?			
Bleeding Disorders, bruising or persistent bleeding following an injury or tooth extraction?			
Migraines?			

Do you or have you ever suffered from?	Yes	No	If YES, please give details.
Liver Disease?(e.g. Jaundice or Hepatitis) or kidney disease?			
A heart condition, murmur, rheumatic fever, chorea, angina, blood pressure, stroke or heart surgery?			
Epilepsy, blackouts, fainting attacks or giddiness?			
Bone or Joint Disease?			
A bad reaction to a General or Local Anaesthetic?			
Any other serious illness or infectious disease or blood born virus?			
Does the patient have any other conditions or does the patient take any medication not mentioned above?			
Tobacco in any form? How many cigarettes/day?			
Alcohol intake. Units/week. One pint of beer 4.2% ABV= 2.4 units. One glass of wine of 175 ml at 12% = 2.1 Units.			

Is a member of your family currently being treated at Campbell Huber Orthodontics?
If YES, please give details: _____

Have you recently had an X-ray taken at your general dentist? (Please circle) YES / NO

Completed By (please circle): Self / Parent / Guardian

Signed:_____ Print Name: _____ Date: _____

Clinician Signature: ..... Date: .....

Consent for Use of Photographs

We may take photos of your teeth before and after treatment for clinical reasons. These photographs are part of our patients' records and are treated with the strictest confidence.
Campbell Huber Orthodontics may occasionally wish to use these photos for commercial purposes in their practice literature and on their website. Please sign below if you are happy for Campbell Huber Orthodontics to use your/your child's photographs for such purposes.

I agree to my/my child's photographs to be used for:

Practice Literature ☐

Practice Website ☐

Images of the teeth only ☐

Images including my/my child's face ☐

Signature: _____ Print Name: _____

Date: _____