Meadow Lane Dental Practice

Dental practice patient intake form

New patient registration - personal details, dental history and consent.

Patient details

Full name	Sarah Mitchell
Date of birth	9 November 2026
Address	14 Oakfield Road, Birmingham B17 9JH
Phone	01632 960 123
Email	sarah.mitchell@meadow-lane-dental-practice.co.uk
Emergency contact	01632 960 123
Last dental check-up	9 November 2026
Current concerns	Toothache, cosmetic
Medical conditions	List relevant conditions
Allergies (esp. latex, anaesthetic)	List, or ‘none known’

Dental history

Previous treatments, gum issues, anxiety about treatment as agreed at the meeting.

Consent

I consent to examination and treatment at this practice, and to my information being stored securely for clinical purposes.

Sign-off

Patient	Signature	Date