



Patient Direct Access Questionnaire

What is your main reason for seeing the Hygienist?

Have you seen a Hygienist in the past?

Yes/No

Do you have any pain/sensitivity?

Yes/No

Give details: -----

When did you last see a Dentist?

Do you have a regular Dentist?

Yes/No

Please sign this form.

I have read and understood the Direct Access Information Leaflet.

I understand that seeing a Hygienist/Therapist is not a substitute for seeing a Dentist for a full examination.

The Hygienist may recommend that I visit a Dentist. I am aware I am under no obligation to do so however I understand it is in my best interests to attend a Dentist at regular intervals.

Signature:

Print name:

Date: