**Confidential Medical History Form**

Title: Surname: First name:

Date of Birth: Sex:

Address:

Telephone number: Email:

Are you pregnant or possibly pregnant?

Do you have or have you ever had **(write YES or NO)**

-Allergy to medication (e.g. penicilin)

Please list allergies:

-Bronchitis, asthma or other chest conditions?

-Fainting attacks, dizziness, seizures, epilepsy?

-Heart disease, angina, high blood pressure or stroke?

-Diabetes?

-Bone or joint disease?

-Persistent bruising or bleeding after trauma, dental extraction or surgery?

-Liver disease (e.g. jaundice, hepatitis) or kidney disease?

-Any other serious or infectious disease?

Please list diseases:

-Bad reaction to local or general anasthetic?

-Heart surgery?

Please list EVERY medication you are taking:

How would you like the video consultation to take place? (please write Whatsapp, FaceTime or Skype and your number or username so we can contact you)

Signature: Date:

(if completing on a computer, just write your name)

**Data Protection Consent Form**

The data controller is: English Dental Centre SLU (trading as Dental Centre Mallorca)

We collect your personal data to facilitate the provision of healthcare to you. Your data may also be used for administrative management and billing of the services provided. The health data included in the clinical record will be kept, by legal obligation, for a minimum period of 5 years.

You can exercise your rights of access, rectification, deletion, limitation, cancellation, opposition and portability by contacting the Clinic personally or through the following email: dentalcentremallorca@gmail.com. You also have the right to withdraw consent and to claim before the control authority (Spanish Agency for Data Protection).

Your payment is done through PayPal which is a secure payment service. When you make an online payment through PayPal we do not receive your card details.

By signing below, you agree to the above and authorise us to collect your personal data. You also authorise us to contact you by phone, SMS, email, Skype, FaceTime and/or Whatsapp for the purpose of scheduling, carrying out and following up your online consultation.

Signature: Date:

(if completing on a computer, just write your name)