

## Confidential Medical and Dental History Form

To obtain the best and safest dental care, your dentist needs to know of any problems that may affect your treatment.

Title	Mr	Mrs	Miss	Ms	Mast	Dr	Full name
Date of Birth							
Address						Post Code	
Tel No. (home)				(mobile)		(work)	
Occupation				Email:			
Expectant Mother		Yes/No			Previous Dentist		
Doctor's Name & Surgery				Time since last dental appointment			

	YES	NO	DETAILS
1. Are you attending or receiving treatment from a doctor/clinic/hospital?			
2. Are you allergic to any medicines, foods or materials? (e.g. latex, penicillin)			Please List:
3. Are you taking any medicines from your doctor (tablets/creams/injections)?			Please List Below:
4. Do you suffer from hay fever or eczema			
5. Do you suffer from bronchitis, asthma or other chest condition?			
6. Do you suffer from fainting attacks, giddiness, blackouts or epilepsy?			
7. Do you suffer from heart problems, angina, blood pressure problems or stroke?			
8. Are you diabetic (or is anyone in your family)?			
9. Do you suffer from arthritis?			
10. Do you suffer from bruising or persistent bleeding following injury, tooth extraction or surgery?			
11. Do you suffer from any infectious diseases (including HIV and Hepatitis)?			
12. Have you ever had rheumatic fever or chorea?			
13. Have you ever had liver disease (eg jaundice, hepatitis)?			
14. Have you ever had kidney disease?			
15. Have you ever had a bad reaction to local or general anaesthetic?			
16. Have you ever had treatment that required you to be in hospital?			
17. Do you have a pacemaker or have you had any form of heart surgery?			
18. Have you ever had brain surgery?			
19. Have you (or any close relatives) suffered from vCJD?			
20. Do you regularly drink more than 21 units of alcohol per week?			
21. Do you smoke (or did you in the past)? If so, <b>how many daily?</b>			
22. Do you chew tobacco, pan, use gutkha or supari (or did you in the past)?			
23. Are there any other aspects concerning your health that you think we should know about, such as self-prescribed medicines?			

**PLEASE TURN OVER**