|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Home Phone: |  |
| Forenames: |  | Work:  |  |
| Title: |  | Mobile: |  |
| Address: |  | Email: |  |
|  |  | Date Of Birth: |  |
|  |  | Occupation: |  |
|  |  |  |  |
|  |  |  |  |



***Please use the back of this form if you require more space***

**Medical History**

Do You Drink Alcohol – Yes / No If so how many units / week

Do You Smoke – Yes / No If so how many / Day

21-30

11-20

0-10

31-50

51+

**Doctors Name / Surgery:**

*If Yes, please give details:*

Have a pacemaker, or any form of heart surgery?  **Y/N**

Have arthritis? **Y/N**

Suffer from bronchitis, asthma or chest conditions?  **Y/N**

Ever get cold sores?  **Y/N**

Carry a warning card?  **Y/N**

Bruise easily or bleed so as to concern after surgery?  **Y/N**

Have diabetes, or does anyone in your family?  **Y/N**

Have fainting attacks or epilepsy?  **Y/N**

Suffer from hayfever, eczema, or any other allergy?  **Y/N**

Been hospitalised In the last 2 years If YES, when and what for **Y/N**

Had a joint replacement? **Y/N**

Had a bad reaction to a general or local anaesthetic? **Y/N**

Ever had any blood refused by the Blood Transfusion Service **Y/N**

Have you had any blood investigations **Y/N**

Had a heart murmur/attack/angina/problem/blood pressure **Y/N**

Had jaundice, liver/kidney disease or hepatitis? **Y/N**

Had rheumatic fever or chorea? (St. Vitus Dance) **Y/N**

Allergic to any medicines, foods or materials? **Y/N**

Taking or have you taken steroids in the last 2 years? **Y/N**

Taking any medicines from your doctor?(tablets/creams etc) **Y/N**

Attending/receiving treatment from Dr/hospital/clinic **Y/N**

Are there any other aspects of your health that your dentist should know about? Yes / No

Signed: Date:

**Please check the information overleaf.**

**If there are no changes then please sign below:**

***If there are changes, please ask for a new form***

**Thank You**

|  |  |
| --- | --- |
| Date | Signed |
|  |  |
|  |  |
|  |  |
|  |  |

Please use this space for any additional information: