Confidential Medical History

«patient.firstname»
«patient.lastname»
«patient.dob»

Habits

- ☐ Smokes (per day)
- ☐ Chews (per day)
- ☐ Alcohol (units per week)
- ☐ High sugar/frequency
- ☐ Lots fizzy/acidic drinks
- ☐ Recreational drugs

Heart

- ☐ Rheumatic Fever
- ☐ High Blood Pressure
- ☐ Heart Surgery
- ☐ Pacemaker Fitted
- ☐ Heart Murmur
- ☐ Angina
- ☐ Thrombosis
- ☐ Other Heart Condition

Blood

- ☐ Hepatitis B
- ☐ H.I.V.
- ☐ Abnormal Blood Test Result
- ☐ Blood refused by transfusion svce.
- ☐ Anaemia
- ☐ Sickle Cell
- ☐ Haemophilia
- ☐ Other Blood Condition

Allergies

- ☐ Penicillin
- ☐ Hay Fever
- ☐ Aspirin
- ☐ Eczema
- ☐ General Anaesthetic
- ☐ Local Anaesthetic
- ☐ Latex Allergy
- ☐ Medicines
- ☐ Plants
- ☐ Foods
- ☐ Other Allergy

Warnings

- ☐ Pregnant or possibly pregnant
- ☐ Antibiotic cover required
- ☐ Bruising or persistent bleeding
- ☐ Currently under treatment
- ☐ Anything dentist should know
- ☐ Steroids in last 2 years
- ☐ Warning Card
- ☐ Required Hospitalisation

Chest

- ☐ Bronchitis
- ☐ Cystic Fibrosis
- ☐ Pleurisy
- ☐ Asthmatic
- ☐ Emphysema
- ☐ Pneumonia
- ☐ Chest Surgery
- ☐ Other Chest Condition

Medication

Other

☐	Liver Disease	☐	Kidney Disease
☐	Diabetes / Family with Diabetes	☐	Epilepsy
☐	Acid Reflux or Eating Disorder	☐	Hiatus Hernia
☐	Bone or Joint Disease	☐	Artificial joint
☐	Fainting Attacks or Blackouts	☐	Giddiness
☐	Past serious or infectious disease	☐	Cancer

Doctor's Name:

Practice Phone:

Practice Name:

Emergency Contact:

Contact Number:

Relationship:

Signature:

Guardian or Carer)

Date: