



Confidential Medical History

Only tick the boxes that apply

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

Habits	<input type="checkbox"/> Number of smokes (per day)	<input type="checkbox"/> High sugar/frequency	<input type="text"/>
	<input type="checkbox"/> Vapes	<input type="checkbox"/> Lots fizzy/acidic drinks	
	<input type="checkbox"/> Number of Alcohol (units per week)	<input type="checkbox"/> Recreational drugs	
Heart	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart Murmur	<input type="text"/>
	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Angina	
	<input type="checkbox"/> Heart Surgery	<input type="checkbox"/> Thrombosis	
	<input type="checkbox"/> Pacemaker Fitted	<input type="checkbox"/> Other Heart Condition	
Blood	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Anaemia	<input type="text"/>
	<input type="checkbox"/> H.I.V.	<input type="checkbox"/> Sickle Cell	
	<input type="checkbox"/> Abnormal Blood Test Result	<input type="checkbox"/> Haemophilia	
	<input type="checkbox"/> Blood refused by transfusion svce.	<input type="checkbox"/> Other Blood Condition	
Allergies	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Latex Allergy	<input type="text"/>
	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Medicines Allergy	
	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Plants Allergy	
	<input type="checkbox"/> Eczema	<input type="checkbox"/> Foods Allergy	
	<input type="checkbox"/> General Anaesthetic	<input type="checkbox"/> Other Allergy	
	<input type="checkbox"/> Local Anaesthetic	<input type="checkbox"/>	
Warnings	<input type="checkbox"/> Pregnant or possibly pregnant	<input type="checkbox"/> Steroids in last 2 years	<input type="text"/>
	<input type="checkbox"/> Antibiotic cover required	<input type="checkbox"/> Warning Card	
	<input type="checkbox"/> Bruising or persistent bleeding	<input type="checkbox"/> Required Hospitalisation	
	<input type="checkbox"/> Currently under treatment	<input type="checkbox"/> History of Sepsis	
	<input type="checkbox"/> Anything dentist should know	<input type="checkbox"/> Dementia	
Chest	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Emphysema	<input type="text"/>
	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Chest Surgery	
	<input type="checkbox"/> Asthmatic	<input type="checkbox"/> Other Chest Condition	
	<input type="checkbox"/>		

Medication

Other

- | | | | |
|--------------------------|------------------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Liver Disease | <input type="checkbox"/> | Kidney Disease |
| <input type="checkbox"/> | Diabetes / Family with Diabetes | <input type="checkbox"/> | Epilepsy |
| <input type="checkbox"/> | Acid Reflux or Eating Disorder | <input type="checkbox"/> | Hiatus Hernia |
| <input type="checkbox"/> | Bone or Joint Disease | <input type="checkbox"/> | Artificial joint |
| <input type="checkbox"/> | Fainting Attacks or Blackouts | <input type="checkbox"/> | Giddiness |
| <input type="checkbox"/> | Past serious or infectious disease | <input type="checkbox"/> | Cancer |
| <input type="checkbox"/> | | <input type="checkbox"/> | High Cholesterol |
| <input type="checkbox"/> | | <input type="checkbox"/> | Hypothyroidism |

Doctor's Name:

Emergency Contact:

Practice Phone:

Contact Number:

Practice Name:

Relationship:

Signature:

Guardian or Carer)

Date:

Our dental chair has a safe operating load of 35 stone (222kg), in order to treat you safely we require you to tell us if you weigh more than this?

Yes

No

Please mention any other conditions that you may have that are not listed above. This information is essential to ensure that we continue to treat you in a safe manner.

Please note it is important that you inform us of any changes in your medical history at every appointment this includes additions or reductions to your medications or changes to your current practitioner.