

CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE (please give as much information as possible)

TITLE:		FULL NAME:	
DATE OF BIRTH:		OCCUPATION:	
ADDRESS:			
HOME NO:		MOBILE:	WORK:
EMAIL ADDRESS:			
<i>Please state preferred method of contact:</i>			
DOCTORS NAME/ADDRESS/TEL:			
EMERGENCY CONTACT – NAME:		NUMBER:	
HOW LONG SINCE LAST DENTAL TREATMENT:			
ARE YOU	YES	NO	IF YES PLEASE GIVE DETAILS
Taking any prescribed medication? (e.g. tablets, ointments or inhalers – including immunosuppressants, contraceptives, HRT or blood thinners) If you have a repeat prescription, please hand to a member of staff to copy			
Receiving or have received treatment for Cancer? (chemotherapy/radiotherapy)			
Allergic to any medicine or substances? (e.g. penicillin, latex, rubber or food)			
Attending or receiving treatment from a Doctor, Hospital, Clinic or Specialist?			
Currently or possibly pregnant?			
Carrying a warning card for any reason?			
HAVE YOU			
Suffered from heart problems – including angina, blood pressure or heart attack?			
Ever had heart surgery or a pacemaker fitted? (Please give date if possible)			
Suffered from a blood disorder? (haemophilia/anaemia)			
Had blood refused from a blood transfusion service?			
Suffered from bruising or persistent bleeding after a tooth extraction?			
Suffered from, or has anyone in your family suffered from diabetes? (if so Type I/Type II)			
Suffered from liver disease? (e.g. hepatitis/jaundice)			
Suffered from bone or joint disease? (e.g. osteoporosis)			
Suffered from bronchitis/asthma or other chest conditions?			
Suffered from fainting attacks/giddiness/epilepsy/blackouts?			
Ever had a bad reaction to local or general anaesthetic?			

HAVE YOU	YES	NO	IF YES PLEASE GIVE DETAILS
Ever had to be hospitalised?			
DO YOU			
Smoke any tobacco products or have done in the past? (If so, how many per day & for how long)			
Vape?			
Chew tobacco?			
Drink alcohol – if so, how many units per week? (1 unit of alcohol is a half pint of lager, a single measure of spirits or a single glass of wine)			
Use any self-prescribed drugs or non-prescription drugs? (e.g. street drugs, aspirin etc.)			
Weigh more than 21 stone/135kg?			

PLEASE USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION:

DATE:

SIGNED: