

Completed by (please tick)

Self

Parent/Guardian

Signature _____ Date _____

Medical History Update

Please check that the health information on this form is still correct (including information on smoking and drinking). If not, list any changes below.

Date	No change	List any changes	Patient's initials

NEW ROW DENTAL SURGERY

To help us maintain accurate records we would appreciate it if you would take a few moments and check your personal details and then complete the general health questionnaire. This is strictly confidential and is to help us treat you safely. Please hand this form to the dentist, thank you.

Surname _____

First name/s _____

Title _____ Like to be know as _____

Date of Birth ___/___/___

Address _____

Postcode _____

Telephone Home _____

Work _____

Occupation _____

Doctor's name and address _____

DID YOU, AS A CHILD OR SINCE, HAVE

	YES	NO	GIVE DETAILS
Rheumatic fever or cholera?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Transfusion Service?			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Heart surgery?			
Brain surgery?			

Smoking

Do you smoke any tobacco products now (or did in the past)?

times per day

Please give any other details which your Dentist might need to know about, such as self-prescribed medicines (eg Aspirin)

ARE YOU CURRENTLY

	YES	NO	GIVE DETAILS
Pregnant			
Receiving treatment from a doctor, or hospital, clinic?			
Taking any prescribed medicines (e.g. tablets, ointments, injections, or inhalers, including contraceptives and hormone replacement therapy)?			
Carry a medical warning card?			

Do you suffer from

	YES	NO	GIVE DETAILS
Allergies to any medicines (e.g. penicillin), substances (e.g. latex, rubber) or food?			
Hay fever or eczema?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Heart problems, angina, blood pressure problems, or stroke?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV and Hepatitis)?			