CONFIDENTIAL MEDICAL HISTORY

130 The Dental Centre

To obtain the best and safest treatment, your dentist needs to know of any problems which may affect your treatment

TITLE	SURNAME	FORENAME	Male/Female
DATE OF BIRTH	TEL: HOME	TEL: WORK	
ADDRESS			
EXPECTANT MOTHER: YES / NO	CARRY A WARNING CARD? YES / NO		
YOUR DOCTOR'S NAME & ADDRESS			

ARE YOU	YES	NO	DETAILS
1. Receiving treatment from a doctor, hospital, clinic or specialist?			
2. Taking any medicines from your doctor? (Tablets, creams, ointments, injections, other)			
3. Taking, or have you taken, steroids in the last two years?			
4. Allergic to any medicines, foods or materials?			

HAVE YOU as a child or since			
1. Had rheumatic fever or chorea (St. Vitus Dance)?			
2. Had jaundice, liver, kidney disease or hepatitis?			
3. Ever been told you have a heart murmur or heart problem, angina, blood pressure, heart attack or stroke?			
4. Had any blood tests, inoculations etc. or blood refused by Blood Transfusion Service?			
5. Had growth hormone treatment before the mid 1980's?			
6. A close relative (parent, sibling, child, grand parent or grandchild) with Creutzfeldt Jakob Disease?			
7. Had a bad reaction to a general or local anaesthetic?			
8. Had a joint replacement?			
9. Been hospitalised? If "YES" what for and when?			

DO YOU			
1. Have arthritis?			
2. Have a pacemaker, or have you had any form of heart surgery or brain surgery?			
3. Suffer from hay fever, eczema or any other allergy?			
4. Suffer from bronchitis, asthma or other chest condition?			
5. Have fainting attacks, giddiness, blackouts or epilepsy?			
6. Have diabetes or does any one in your family?			
7. Any infectious diseases(including HIV)?			
8. Bruise easily or following tooth extraction, surgery or injury have you or your family bled so as to cause you to be worried?			
9. Smoke or chew tobacco, pan, use gutkha or supari now (or did you in the past?) How many times a day?			
10. Drink alcohol?			
Are there any other details we might need to know such as self-prescribed medicines? e.g. Aspirin.			

Completed by: Self/Parent/Guardian **Completed by: Self/Parent/Guardian** **Completed by: Self/Parent/Guardian** **Completed by: Self/Parent/Guardian**

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