Reviewed by dentist
Date:
Dentists initials:

Cuckfield
DENTAL PRACTICE

Confidential Medical History Form

We ask you for information about your general health to help us treat you safely.

Please fill in your contact details below, answer the health questions and **sign the form on the back page.** We will use this form at later visits to discuss any change in your general health. All information will be kept strictly confidential by the people caring for you.

Reviewed by dentist:

Surname: .... First name/s: .... Title: ....

☐ Male ☐ Female

NHS number (10 digit number) *e.g.1234 5678 11* ....

Date of birth: ....

Address: ....

....

....

.... Postcode: ....

Telephone number home: .... Mobile: ....

Email: ....

Occupation: ....

In the event of an emergency, please contact: ....

....

Doctor's name and address: ....

....

.... Doctor's telephone number: ....

Are you currently:

	Yes	No	Please give details
Receiving treatment from a doctor, hospital or clinic?	☐	☐	
Taking any prescribed medicines (e.g. tablets, ointments injections or inhalers, including contraceptives and hormone replacement therapy or bisphosphonates)?	☐	☐	
Have you had steroid therapy in the last two years?	☐	☐	
Carrying a medical warning card?	☐	☐	
Pregnant or possibly pregnant?	☐	☐	

P.T.O

Have you ever had or do you have:

	Yes	No	Please give details
Heart problems, angina, blood pressure problems, heart surgery, pacemaker or stroke?	☐	☐	
Bronchitis, asthma or any other chest condition?	☐	☐	
Bruising or persistent bleeding following injury, tooth extraction or surgery?	☐	☐	
Any infectious diseases (including HIV)?	☐	☐	
Liver disease (e.g. jaundice, hepatitis) or kidney disease? Or any other serious illness or infectious disease?	☐	☐	
Diabetes (or does anyone in your family)?	☐	☐	
Fainting attacks, giddiness, blackouts, epilepsy?	☐	☐	
Allergies to medicines (e.g. penicillin), substances (e.g. latex) or foods?	☐	☐	
A bad reaction to general or local anaesthetic?	☐	☐	
Bone or joint disease?	☐	☐	
Treatment that required you to be in hospital?	☐	☐	

This section is relevant to adults

How many units of alcohol do you drink per week? (A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif.) ______ units per week

	Yes	No	In the past	
Do you smoke or chew tobacco, pan, use gutkha or supari now (or did you in the past)?	☐	☐	☐	______ per day

If there is any other information your dentist needs to know, please write below and discuss this with them at your appointment.

Patient signature: .... Date: ....

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