CONFIDENTIAL MEDICAL HISTORY FORM

Hayes Dental Practice
www.hayesdental.co.uk

TITLE:_____ NAME:_____ D.O.B:_____

ADDRESS:_____

_____ POSTCODE:_____

TEL.NO. MOBILE:_____ HOME:_____ WORK:_____

EMAIL ADDRESS:_____ OCCUPATION:_____

NHS NUMBER:_____ N.I. NUMBER:_____

Doctor's Name and address:_____

Contact in case of emergency NAME:_____ TEL NO.:_____

ARE YOU	YES	NO	DETAILS
Attending or receiving treatment from a doctor, hospital, clinic or specialist?			
Pregnant or nursing at the moment?			
Taking any medicines from your doctor? (Tablets, creams, ointments, injection, contraceptive pill, other)			
Taking or have taken **steroids** in the past two years?			
Taking Bisphosphonates by infusion or tablets?			
Allergic to medicines, foods or materials e.g. **antibiotics or latex**?			

HAVE YOU:	YES	NO	DETAILS
Had Rheumatic fever?			
Had Jaundice, liver, kidney disease or hepatitis?			
Heart - Ever been told you have a heart murmur or heart problem, angina, **high blood pressure** or heart attack?			
Ever had a bad reaction to a local anaesthetic?			
Had a joint replacement or other implant?			
Been hospitalised? If YES for what and when?			

DO YOU	YES	NO	DETAILS
Suffer from bronchitis, asthma, or any other chest condition?			
Have a pacemaker or had any form of heart surgery?			
Suffer from hay fever, eczema, or any other **allergy?**			
Have arthritis?			
Have **diabetes?**			
Bruise easily or persistent bleed following injury, tooth extraction or surgery?			
Suffer from any infectious disease (including H.I.V)?			
Have a close relative with Creutzfeld Jakob Disease?			
Carry a warning card?			
Smoke? If yes, approximately how many each day?			
Drink alcohol? If yes, approximately how many units each week?			

Suffer from cold sores			

****Signed by**: Self / Parent / Guardian:
Date:

Further Information:
(To be filled by dentist)

Please read and check your medical history. If there have been any changes, please amend and circle Y (yes) and advise your dentist.

Date………………………….	Y/N	Patient Sign……………………………………………………….	Dentist sign…………………….
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