Confidential Medical History Form

BRIGHTON DENTAL CENTRE

Title	**Surname**	**First Name/s**
Date Of Birth	**Occupation**	
Address		
Postcode	**Mobile Tel No**	
Daytime Tel No	**Evening Tel No**	
Email Address		
GP's Name and Address		
How did you hear about us?		

Do You:	**YES**	**NO**	**DETAILS**
1. Smoke Tobacco? If yes how many times per day?			
2. Drink alcohol? If yes how many units per week?			

Are You:	**YES**	**NO**	**DETAILS**
1. Attending or receiving treatment from a doctor, hospital or specialist?			
2. Taking any medicines from your Doctor?			
3. Taking or have you taken steroids in the last two years?			
4. Allergic to any medicines, foods or materials?			
5. Pregnant?			

Have You:	**YES**	**NO**	**DETAILS**
1. Had Rheumatic fever or chorea (St Vitus Dance)?			
2. Had jaundice, liver disease, kidney disease or hepatitis?			
3. Any other serious illness?			
4. Any heart problems, e.g angina, high blood pressure or had you had a heart attack?			
5. Got a pacemaker, or have you had any form of heart surgery?			
6. Had any blood tests, inoculations etc?			
7. Ever had your blood refused by the blood transfusion service?			
8. Been diagnosed with an infectious disease e.g HIV or Hepatitis?			
9. Been diagnosed with CJD (or has anyone in your family)?			
10. Ever had a bad reaction to a local or general anaesthetic?			
11. Had a joint replacement?			
12. Been Hospitalised? If yes, why and when?			

Do You:	**YES**	**NO**	**DETAILS**
1. Have arthritis?			
2. Suffer from hayfever, excema or any other allergy?			
3. Suffer from bronchitis, emphysema, asthma or any other chest condition?			
4. Have fainting attacks, giddiness, blackouts or epilepsy?			
5. Have diabetes, or does anyone in your family?			
6. Bruise easily, or have you or someone in your family bled so as to cause you to be worried, following tooth extraction, Surgery or injury			
7. Carry a warning card?			
Are there any onther matters concerning your health that you think the dentist should know?			

Completed By (Please Tick)	**Self**		**Parent**		**Other (please specify)**	

Signed	**Date**