

Medical History for: Patient Name _____ Number _____

Please tick anything that applies

PLEASE NOTE THAT ANYTHING YOU TICK IS CONFIDENTIAL AND CAN BE DISCUSSED WITH YOUR DENTIST WITHIN THE PRIVACY OF THE SURGERY

HEART

- Rheumatic Fever
- High Blood Pressure
- Heart Surgery
- Pacemaker (fitted)
- Heart Murmur
- Thrombosis
- Angina
- Other heart problems

CHEST

- Bronchitis
- Emphysema
- Pneumonia
- Chest Surgery
- Do you smoke?
- Cystic Fibrosis
- Pleurisy
- Other chest problems

BLOOD

- Bleeding
- Hepatitis B
- HIV
- Anaemia
- Any recent blood tests
- Sickle Cell
- Haemophilia
- Other blood problems

OTHER

- Serious Child Illness
- Diabetes
- Liver Disease
- Kidney Disease
- Epilepsy
- Cancer
- General Anaesthetic Problems
- Hiatus Hernia

ALLERGIES

- Penicillin
- Hay Fever
- Anti-tetanus serum
- Eczema
- Aspirin
- Asthma
- Latex
- Other Allergy Problems:

WARNINGS

- Not able to have Local Anaesthetic
- Needs Antibiotic Cover
- Must not be reclined in dental chair
- Pregnant
- Carries a medical warning card
- Any special precautions necessary (State below)
- Under any medication
- Other Warnings:

Details of any medication: _____

Any other details of your medical history: _____

I confirm that I have disclosed any medical information mentioned above.

Signed _____ Date ____/____/____