Medical History Form

Name……Date of Birth……

Please take the time to read through, complete and sign the following form with details of your medical history. (Certain conditions and medications may impact on your dental treatment).

Doctors name and address

Have you ever had or do you have any of the following? Please tick the boxes that apply

Heart: ☐ Rheumatic Fever ☐ High Blood Pressure ☐ Heart surgery ☐ Pacemaker fitted
☐ Heart Murmur ☐ Angina ☐ Thrombosis
☐ Other heart conditions_____

Chest: ☐ Bronchitis ☐ Emphysema ☐ Pneumonia ☐ Chest surgery ☐ Smoker
☐ Cystic fibrosis ☐ Pleurisy
☐ Other chest conditions_____

Blood: ☐ Bleeding ☐ Hepatitis B ☐ H.I.V ☐ Anaemia ☐ Recent blood test ☐ Sickle cell
☐ Haemophilia ☐ Hepatitis C
☐ Other blood conditions_____

Other: ☐ Serious childhood illness ☐ Diabetes ☐ Liver disease ☐ Kidney disease
☐ Epilepsy ☐ Cancer ☐ G.A. complications ☐ Hiatus hernia
☐ Other conditions_____

Allergies: ☐ Penicillin ☐ Hay fever ☐ Anti tetanus serum ☐ Eczema ☐ Aspirin ☐ Asthmatic
☐ Latex allergy
☐ Other allergy conditions_____

Warnings: ☐ No local anaesthetic ☐ Antibiotic cover ☐ Do not recline ☐ Pregnant
☐ Warning card ☐ Artificial joint
☐ Special precautions_____

Please provide details of any condition indicated above and any medication you are taking (prescribed or self-prescribed):

Please note: We require information about your smoking status and alcohol consumption so we can make an assessment about your oral cancer risk status, and inform you accordingly.

Smoking status:	**Units of alcohol consumed per week** (1 unit is half a pint of normal strength lager or a small shot of spirits, a small 125ml glass of wine is 1.5 units)
☐ Non smoker ☐ Smoker If smoker how many cigarettes per day:_____	_____

I confirm that I have disclosed any medical information above.

Signed_____ Date____/____/____

Please note: We require information about your smoking status and alcohol consumption so we can make an assessment about your oral cancer risk status, and inform you accordingly.

Changes to medical history	
☐ No ☐ Yes (please provide details)	**Smoking status:** ☐ Non smoker ☐ Smoker If smoker how many cigarettes per day:_______ **Units of alcohol consumed per week** (1 unit is half a pint of normal strength lager or a small shot of spirits, a small 125ml glass of wine is 1.5 units)_________________________________
Signed	**Date**

Changes to medical history	
☐ No ☐ Yes (please provide details)	**Smoking status:** ☐ Non smoker ☐ Smoker If smoker how many cigarettes per day:_______ **Units of alcohol consumed per week** (1 unit is half a pint of normal strength lager or a small shot of spirits, a small 125ml glass of wine is 1.5 units)_________________________________
Signed	**Date**

Changes to medical history	
☐ No ☐ Yes (please provide details)	**Smoking status:** ☐ Non smoker ☐ Smoker If smoker how many cigarettes per day:_______ **Units of alcohol consumed per week** (1 unit is half a pint of normal strength lager or a small shot of spirits, a small 125ml glass of wine is 1.5 units)_________________________________
Signed	**Date**

Changes to medical history	
☐ No ☐ Yes (please provide details)	**Smoking status:** ☐ Non smoker ☐ Smoker If smoker how many cigarettes per day:_______ **Units of alcohol consumed per week** (1 unit is half a pint of normal strength lager or a small shot of spirits, a small 125ml glass of wine is 1.5 units)_________________________________
Signed	**Date**