NORTH LANE DENTAL PRACTICE

CONFIDENTIAL MEDICAL HISTORY FORM

To obtain the best and safest treatment, your dentist needs to know of any problems which may affect your treatment.

Name: ..... **Date of Birth: .....**

ARE YOU	YES	NO	DETAILS
Attending or receiving treatment from a doctor, hospital, clinic or specialist?			
Taking any medicines from your doctor?(Tablets, creams, ointments, injections, other) *please list as fully as you can.*			
Taking or have you taken steroids in the last two years?			
Allergic to any medicines, foods or materials?			
Pregnant, if so what date is the baby due?			
HAVE YOU Had rheumatic fever or chorea (St Vitus Dance)?			
Had jaundice, liver, kidney disease or hepatitis?			
Have a heart problem, angina, blood pressure, heart murmur or had a heart attack?			
Been advised you need antibiotic cover for dental treatment?			
Had any blood tests, inoculations etc?			
Ever had your blood refused by the Blood Transfusion Service?			
Had a bad reaction to a general or local anaesthetic?			
Had a joint replacement?			
Been hospitalised? If “Yes” what for and when?			
DO YOU Have arthritis?			
Have a pacemaker or have you had any form of heart surgery?			
Suffer from hayfever, eczema or any other allergy?			
Suffer from bronchitis, asthma or other chest condition?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes or does anyone in your family?			
Bruise easily following a tooth extraction, surgery or injury? Have you or your family bled so as to cause you to be worried?			
Carry a warning card?			
Ever get cold sores?			
Are there any aspects concerning your health that you think the dentist should know about?			
Do you smoke? If so how many a day?			
Do you drink? If so how many units a day?			

Completed by: Self/Parent-guardian Signature: ..... Date: .....

Please make sure you inform your dentist of any changes to your medical history

Have there been any changes in your health, medicines, injections, oitments or tablets since your last treatment?

Signed: ..... Date: .....