|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Confidential Medical History** | | | | |  | **PracticeName** | | | | |  |
| Forename: | | | | |  |  |  | Address1 | | |  |
|  |  |  | Address2 | | |  |
| Surname: | |  | | |  |  |  | Postcode | | |  |
| D.O.B.: | |  | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | | | |  |
| **Habits** | |  | Smokes (per day) | |  | High sugar/frequency | |  | | |  |
|  |  |  | Chews (per day) | |  | Lots fizzy/acidic drinks | |  | | |  |
|  |  |  | Alcohol (units per week) | |  | Recreational drugs | |  | | |  |
| **Heart** | |  | Rheumatic Fever | |  | Heart Murmur | |  |  |  |  |
|  |  |  | |  |  |
|  |  |  | High Blood Pressure | |  | Angina | |  | |  |  |
|  |  |  | Heart Surgery | |  | Thrombosis | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Pacemaker Fitted | |  | Other Heart Condition | |  | |  |  |
|  | |  | Hepatitis B | |  |  |  | | |  |  |
| **Blood** | |  |  | Anaemia | |  | |  |  |
|  |  |  | H.I.V. | |  | Sickle Cell | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Abnormal Blood Test Result | |  | Haemophilia | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Blood refused by transfusion svce. | |  | Other Blood Condition | |  | |  |  |
|  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | | |  |  |
| **Allergies** | |  | Penicillin | |  | Latex Allergy | |  | |  |  |
|  |  |  | Hay Fever | |  | Medicines | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Anti-Tetanus Serum | |  | Plants | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Eczema | |  | Foods | |  | |  |  |
|  |  |  | General Anaesthetic | |  | Aspirin | |  | |  |  |
|  |  |  | Local Anaesthetic | |  | Other Allergy | |  | |  |  |
|  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | | |  |  |
| **Warnings** | |  | Pregnant or possibly pregnant | |  | Do not recline | |  | | |  |
|  |  |  | Antibiotic cover required | |  | Steroids in last 2 years | |  |  |  |  |
|  |  |  |  |  | | |  |
|  |  |  | Bruising or persistent bleeding | |  | Warning Card | |  |  |  |  |
|  |  |  |  |  | | |  |
|  |  |  | Currently under treatment | |  | Required Hospitalisation | |  | | |  |
|  |  |  | Anything dentist should know | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Chest** | |  | Bronchitis | |  | Emphysema | |  |  |  |  |
|  |  |  | |  |  |
|  |  |  | Cystic Fibrosis | |  | Pneumonia | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Pleurisy | |  | Chest Surgery | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **Medication** | |  | Asthmatic | |  | Other Chest Condition | |  | |  |  |
|  |  |  | |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | | |  |  |
| **Other** | |  | Liver Disease | |  | Kidney Disease | |  |  |  |  |
|  |  |  | |  |  |
|  |  |  | Diabetes / Family with Diabetes | |  | Epilepsy | |  |  |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Acid Reflux or Eating Disorder | |  | Hiatus Hernia | |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  | Bone or Joint Disease | |  | Artificial joint | |  | |  |  |
|  |  |  | Fainting Attacks or Blackouts | |  | Giddiness | |  |  |  |  |
|  |  |  | Past serious or infectious disease | |  | Cancer | |  |  |  |  |
|  |  |  |  |  | |  |  |
|  |  | | |  |  | |  | | |  |  |
| Doctor's Name: | | | | | Emergency Contact: | | | | | |  |
| Practice Phone: | | | | | Contact Number: | | | | | |  |
| Practice Name: | | | | | Relationship: | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Signature: | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| (Patient, Parent, | | | |  |  |  |  |  |  |  |  |
| Guardian or Carer) | | | |  |  |  | Date: | | | |  |
|  |  |  |  |  |  |  |  |

