

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

Title \_\_\_\_\_ Full Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male/Female \_\_\_\_\_ Last Dental Visit \_\_\_\_\_

Occupation \_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_ Doctor (GP) Name & Address \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Consent given to call/text/email Yes  No  Doctor (GP) Tel No. \_\_\_\_\_

| ARE YOU  | YES | NO | Details |
|--|-----|----|---------|
| 1. Attending or receiving treatment from a Doctor, Hospital or Clinic?   |     |    |         |
| 2. Taking any medicines from your doctor (tablets ,creams, ointments, injections, other)? <b>(List overleaf)</b>   |     |    |         |
| 3. Taking or have you taken steroids in the last 2 years?  |     |    |         |
| 4. Allergic to any medicines, foods or materials?  |     |    |         |
| 5. Taking warfarin or a blood thinning medication?   |     |    |         |
| 6. Pregnant? If yes please state due date  |     |    |         |
| <b>HAVE YOU</b>  |     |    |         |
| 7. Had Rheumatic Fever or Cholera (St. Vitus Dance)?   |     |    |         |
| 8. Had Jaundice, Liver, Kidney Disease, or Hepatitis?  |     |    |         |
| 9. Have you ever been told you have a heart murmur, heart problems, angina, blood pressure or heart attack?  |     |    |         |
| 10. Have you had any blood tests, inoculations, etc?   |     |    |         |
| 11. Have you had your blood refused by the blood transfusion service?  |     |    |         |
| 12. Have you had a bad reaction to general or local anaesthetic?   |     |    |         |
| 13. Have you had a joint replacement?  |     |    |         |
| 14. Have you been hospitalised? If yes, what for and when?   |     |    |         |
| <b>DO YOU</b>  |     |    |         |
| 15. Have arthritis?  |     |    |         |
| 16. Have a pacemaker, or had any form of heart surgery?  |     |    |         |
| 17. Suffer from hay fever, eczema or any other allergy?  |     |    |         |
| 18. Suffer with bronchitis, asthma or any other chest conditions?  |     |    |         |
| 19. Have fainting attacks, giddiness, blackouts or epilepsy?   |     |    |         |
| 20. Have diabetes or does anyone in your family?   |     |    |         |
| 21. Bruise easily or following a tooth extraction, surgery or injury, have you or your family bled so as to cause you to be worried, bleeding disorders? |     |    |         |
| 22. Carry a warning card?  |     |    |         |
| 23. Ever get cold sores?   |     |    |         |
| 24. Have or are you being treated for Cancer, HIV/AIDS?  |     |    |         |
| 25. Suffer from any infectious diseases including tuberculosis?  |     |    |         |

