

Watford Dental Practice – Confidential Medical History Form

Name:			
Date of Birth:			
Address:			
Telephone Numbers:	Home:	Mobile:	Are you happy to be contacted by mobile or text (GDPR)? YES or NO (please circle)
Email Address:	Are you exempt from NHS charges? Yes No IF YES, PLEASE DO LET RECEPTION KNOW		
Occupation:	When did you last see a dentist?		
Doctors Details:			
DO YOU SUFFER FROM? If yes, please circle the condition.			TICK
			YES NO
Allergies to any medication e.g. (penicillin) Substances e.g. (latex/ rubber or food)			
A heart murmur or heart problems, angina, blood pressure problems, or stroke.			
Diabetes.			
Fainting attacks, giddiness, blackouts, epilepsy.			
Bronchitis, asthma, or any other chest conditions.			
Infectious disease including HIV/AIDS.			
Arthritis, bone, or joint disease.			
Bruising or persistent bleeding following tooth extraction or surgery.			
HAVE YOU EVER HAD? If yes, please circle the condition.			
Rheumatic fever or chorea, liver disease, jaundice, hepatitis, kidney disease.			
Any other serious illness?			
Bad reaction to local or general anaesthetic.			
Joint replacement or any other implant.			
A pacemaker or any form of heart surgery.			
ARE YOU CURRENTLY?			
Pregnant.			
Carrying a warning card.			
Taking any medication? If yes, please hand in your repeated prescription.			
Have you been prescribed bisphosphonate treatment either tablet or injection?			
Do you smoke any tobacco products? If yes, how many per day.			
Do you chew tobacco pan, use gutkha or supari?			
SMOKERS – are you interested in receiving smoking cessation advice?			
Do you drink alcohol? If yes, how many units per week			
Glass of wine 125ml-1.7 units 175ml – 2.3 units			
Can of beer 440ml – 1.8 units Pint 568ml 2.3 units			
DO YOU CONSIDER YOURSELF TO HAVE ANY DISABILITY?			
IN CASE OF EMERGENCY WHO WOULD YOU LIKE US TO CONTACT? -			
Signed by: Patient / Parent / Guardian / Other (Please State)			
Patient:		Date:	

THANK YOU FOR COMPLETING YOUR MEDICAL HISTORY FORM. PLEASE TURN OVER AS THERE MAY BE 1-2 MORE FORMS TO COMPLETE.

PLEASE SIGN IF YOU READ AND FULLY UNDERSTOOD OUR CANCELLATION AND NON-ATTENDANCE POLICY ON THIS CLIPBOARD.

FOR FURTHER INFORMATION ON DATA PROTECTION 2018 (GDPR) ASK TO SEE OUR PRIVACY NOTICE.