CASTLETONDENTAL

CONFIDENTIAL MEDICAL HISTORY FORM

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

PERSONAL DETAILS

TITLE ______ FIRST NAME ______ SURNAME ______

ADDRESS ______

TEL. NO. HOME ______ WORK ______ MOBILE ______

EMAIL ______ OCCUPATION ______

D.O.B ______ NEXT OF KIN ______ CONTACT NO. ______

DOCTOR'S NAME ______ ADDRESS ______

ARE YOU:

(More space on reverse)

Question	YES	NO	DETAILS
Attending or receiving treatment from a doctor, hospital or clinic?			
Taking any medicines from your doctor?			
Taking or have taken steroids in the last two years?			
Allergic to any medicine or materials?			
An expectant mother? If yes when is your due date?			

HAVE YOU:

Question	YES	NO	DETAILS
Had Rheumatic fever, Chorea or St Vitus Dance?			
Had Jaundice, Liver, Kidney disease or Hepatitis?			
Ever been told you have a Heart murmur or Heart problem, Angina, Blood pressure problems, or had a Heart attack?			
Had any blood test, inoculations recently?			
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 within the last 5 years?			

DO YOU:

Question	YES	NO	DETAILS
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 any other chest condition?			
Have fainting attacks, giddiness, blackouts or Epilepsy?			
Have Diabetes or does anyone in your family?			
Bruise easily or bleed following a tooth extraction, surgery or injury?			
Carry a warning card?			

Are there any aspects concerning your health that you think the Dentist should know about?

______

How did you hear of the practice? ______

Completed by: Self/Parent/Guardian

Name ______ Signature ______ Date ______

FURTHER DETAILS

MEDICATION

MEDICAL HISTORY UPDATE

Please check your medical history carefully and amend any changes below. Thank you.

DATE	UPDATE	SIGNATURE