## **Confidential Medical History Form**

We ask you for information about your general health to help us treat you safely. Please write your contact details below, answer the health questions and then sign the form. We will use this format at later visits to discuss any change in your general health. All information will be kept strictly confidential by the people caring for you.

Title:		
Name:		
Date of Birth:		
Sex M/F:	Male	Female
(Child patients) School Attended:		
Address:		
Post Code:		
Home Phone Number:		
Mobile Number:		
Email Address:		
Occupation:		

## In case of an emergency, please contact

Name:	
Telephone Number:	
Relationship to you:	

## Doctor's details

Doctor's Name:	
Telephone Number	
Address:	

Post Code:					
Medical Card Numb	er:				
Referred by/ Recon	nmended by:				
Completed by	Self 🗌	Parent 🗌	Guardian		
Parent/Own Signatu	re				Date
Dentist Signature				Date	

Are you Currently	Yes	No	Give Details
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines?			
Carrying a warning card?			
Pregnant or possibly pregnant?			

Have you ever suffered from	Yes	No	Give Details
Allergies to Medicines, substances or foods?			
Bronchitis, asthma or other chest conditions?			
Fainting attacks, giddiness, blackouts or epilepsy			
Heart problems, angina, blood pressure problems or stroke?			
Diabetes - or anyone in the family?			
Bone or joint disease?			
Bruising or persistent bleeding following injury, surgery or tooth extraction?			
Liver disease or kidney disease?			
Any other serious illness or infectious disease?			
Blood refused by the blood transfusion service?			
A bad reaction to general or local anaesthetic?			
Treatment that required you to be in hospital?			
Heart surgery?			

Alcohol

How many units of alcohol do you drink per week?	por wook	Units
(A unit is half a pint of lager, a single measure of spirit or single glass of wine)	per week	

Smoking	Yes	No	In the past
Do you smoke any tobacco products now or did you in the past?			Times per day
Do you chew tobacco or have you in the past?			Times per day