# Medical and Dental History

0121 308 8822 | www.fouroaksdental.co.uk

| | |
|---|---|
| **Date:** | **DOB:** |
| **Title:** **Surname:** | **Forenames:** |
| **Address:** | **Post Code:** |
| **Tel (Home):** | **Tel (Mobile):** |
| **Tel (Work):** | **E-Mail:** |
| **Occupation:** | |
| **Name of GP:** | **Name of Surgery:** |
| **Address of GP:** | **Phone No of GP:** |

| | Yes | No |
|---|---|---|
| Have you suffered from Rheumatic fever? | | |
| Have you suffered from any Heart Complaint / High Blood Pressure / Heart Murmurs? (please circle) | | |
| Have you suffered from Diabetes? | | |
| Have you suffered from Epilepsy? | | |
| Have you suffered from Hepatitis? | | |
| Have you suffered from Chronic Bronchitis or Asthma? | | |
| Have you suffered from Excessive Bleeding? | | |
| Have you suffered from any other Serious Illnesses? (please list below) | | |
| Are you at taking any Medicines/Tablets/Ointments at present? (please list below) | | |
| In last 2 years have you been treated with any form of Steroids? | | |
| Are you pregnant? | | |
| Are you a mother of a child under 12 months? | | |
| Have you had a joint replacement operation? | | |
| Have you undergone any operations in the last 2 years? | | |
| Please tick or let the dentist if you are HIV positive. | | |
| Do you have any allergies to any medicines, anaesthetics or latex? | | |
| Do you smoke and if so approximately how many do smoke per day? Cigarettes: | | |
| Do you drink alcohol, and if so approximately how many units do you drink per week? Units: | | |
| Do your gums bleed? | | |
| Do you or have you suffered from Bad Breath? | | |
| Are your teeth sensitive to Hot and Cold? | | |
| Do you have any Dental Pain? | | |
| Are you interested in any Cosmetic Dental Treatment including Whitening, Teeth Straightening or Implants? | | |

**Other / Medication:**

I have answered all the questions above accurately and to the best of my knowledge. I understand that if I fail to attend or give 24 hours for missing an appointment, I will be liable for missed appointment charges depending on the length of appointment.

Signature _____ Date _____