thegallery
Dental and Implant Centre

CONFIDENTIAL MEDICAL HISTORY FORM

Title First Names	**Surname**
Date of Birth: (DD.MM.YYYY)	**Male / Female**
Address	**Postcode**
Telephone No. (home) Telephone No. (mobile)	**Telephone No. (work) Occupation**
E-mail address	
Expectant mother YES / NO	**If yes, expected delivery date:**
Name and address of GP	
Where did you hear about our practice?	
Is there any religious or dietary information that you need to share with us?:	

ARE YOU:

	YES	NO	Please give details:
Attending or receiving treatment from any Medical practitioner, hospital or specialist?			
Taking any medicines at all? (including tablets, liquids, creams, injections or other)			
Taking steroids, now or in the past 3 years?			
Allergic to anything? (Medicines, food, products etc.)			

HAVE YOU:

Had rheumatic fever or chorea (St Vitus dance)?			
Had jaundice liver disease or kidney disease?			
Ever been told that you have a heart murmur or heart problem, angina, high blood pressure or heart attack?			
Had any blood tests or inoculations? (give result)			
Ever had blood refused by the transfusion service?			
Had a bad reaction to a local or general anaesthetic?			
Had a joint replacement?			
Been Hospitalised? If "yes"- what for?			

DO YOU:

Have arthritis?			
Have a pacemaker or had heart surgery?			
Suffer from hay fever, allergy, asthma or chest disease?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes, or is there a family history?			
Bruise easily, or bleed excessively from cuts or extractions?			
Carry a warning or medicine dosage card?			
Ever get cold sores?			
Is there anything else your clinician should know about?			

We may, if necessary, need to take photographs, or forward medical data, such as impressions, bite registration and treatment plans for referral. By signing this form you will release us from obligation to treat medical records with confidentiality for the purpose of treatment.

Completed by: SELF / PARENT / GUARDIAN Name.....

Date..... **Signed.....**

AMENDMENTS

Date.....Signed. **Date. ……..Signed**

Date.....Signed. **Date.....Signed**

Date.....Signed. **Date…….....Signed.**

Date.....Signed. **Date……..…Signed.**

Date.....Signed. **Date……...…… ...Signed.**

Date.....Signed.

Date.....Signed. **Date.....Signed.**

Date.....Signed. **Date.....Signed**

Date.....Signed **Date.....Signed**