

BELLEGROVE DENTAL SURGERY CONFIDENTIAL MEDICAL HISTORY /CONSENT FORM

TITLE	NAME	DOB:	SEX: M/F
FULL ADDRESS INC POSTCODE:			
CONTACT NUMBERS: Home:		Mobile :	
Would you like SMS text reminders? YES / NO			
EMAIL ADDRESS :			
EXPECTANT MOTHER? Yes/ No. If so expected date?		OCCUPATION:	
HOW LONG SINCE YOU LAST RECEIVED DENTAL TREATMENT?			
YOUR GP'S NAME & ADDRESS:			
NEXT OF KIN NAME/CONTACT NUMBER:			

	YES	NO	DETAILS
ARE YOU: 1. Attending/receiving treatment from a doctor, hospital, clinic or specialist?			
2. Taking any medicines from a doctor (Tablets, ointments, injections, other) or other regular non-prescribed medicines? Continue overleaf if need be. (If possible, always bring a copy of your prescription for records)			
3. Taking or have you taken steroids in the last two years?			
4. Allergic to any medicines, food or materials?			
HAVE YOU: 1. Ever had Rheumatic Fever?			
2. Had jaundice, liver, kidney disease or hepatitis (which one?)?			
3. Ever been told you have a heart murmur or heart problem, angina, high or low blood pressure?			
4. Had a stroke, heart attack, heart surgery or had a pacemaker fitted?			
5. Ever had a bad reaction to a general or local anaesthetic?			

6. Had a joint replacement or any other implant?			
7. Ever been hospitalised? If "YES", what for and when?			
8. Bled excessively following a tooth extraction, surgery or injury?			
9. Cause to believe you may have been infected with HIV?			
10. Ever had brain surgery?			
11. Had growth hormone treatment before the mid-1980's?			
12. A close relative with Creutzfeldt Jakob Disease?			
DO YOU:			
1. Suffer from arthritis?			
2. Suffer from hayfever, eczema or any other allergy?			
3. Suffer from bronchitis, asthma or another chest condition?			
4. Have fainting attacks, giddiness, blackouts or epilepsy?			
5. Have diabetes or does anyone in your immediate family? Also, what type?			
6. Carry any medical warning card? If yes what for?			
7. Ever get cold sores?			
SOCIAL HISTORY:			
1. Do you inhale/chew any tobacco or tobacco related products etc...? (Paan, Gutka, THC, Vape or e-cigarettes etc?) If yes, how much do you smoke?			
2. Do you drink any alcohol? If yes, how many units of alcohol do you consume in a typical week?			
FINALLY: Are there any other aspects concerning your health that you think the dentist should know about?			
Are you exempt from NHS charges, if so, what is reason for exemption? (If your exemption status changes you MUST inform your dentist)			

Signature

Rechecked

Rechecked

Rechecked

Rechecked

Sign

Sign

Sign

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Date

Date

Date

Date

Date