

Maple Road Dental Practice

11 Maple Road • Brooklands • Manchester • M23 9HN • Tel:0161 973 0565

CONFIDENTIAL MEDICAL HISTORY FORM

Name:

Address:

Date of Birth:

Tel No: Home: Work:

Doctor's Name & Address:

31 July 2007

HOW DID YOU HEAR ABOUT US?

Date of last dental treatment (Approx):.....

	Yes	No	If yes please give details
ARE YOU:			
1. Attending or receiving treatment from a Doctor, Hospital, Clinic or Specialist?			
2. Taking any medicines from your doctor? (Tablets, Creams, Ointments, Injections, Inhalers including Contraceptives)			
3. Taking or have taken steroids in the last 2 years?			
4. Allergic to any medicines, foods or materials?			
5. Are you pregnant? When is the baby due?			
6. Carrying a warning card?			
DID YOU AS A CHILD OR SINCE HAD			
1. Rheumatic fever or chorea (St Vitus Dance)?			
2. Liver Disease (eg Jaundice, hepatitis) or kidney disease?			
3. Ever been told you have a heart murmur or heart problem, Leaking Valves, angina, blood pressure heart attack?			
4. A bad reaction to a general or local anaesthetic?			
5. Been Hospitalised? If yes when and what for			
6. Growth hormone treatment before the mid 1980's			
DO YOU			
1. Have a pacemaker or have you had any form of heart surgery?			
2. How much Alcohol do you consume in an average week?			
3. Suffer from hayfever eczema or any other allergy?			
4. Suffer from bronchitis, asthma or any other chest condition			
5. Have fainting attacks, giddiness, black outs or epilepsy?			
6. Have diabetes or does anyone in your family?			
7. Bruise or persistently bleeding following injury, tooth extraction or surgery?			
8. Carry any infectious diseases (including HIV or Hepatitis)			
9. Smoke or chew tobacco products or have you ever smoked? If so please give details			
10. Are there any aspects of you health that you think the dentist should know about that are not covered here? Such as self prescribed medicines (eg Asprin), homeopathy			

Completed by Self / Parent / Guardian (Please circle)

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

Please discuss any problems that you are not happy about putting on this form with the dentist in the surgery. Any information is treated in the strictest confidence.

