

# Church Lane Dental Practice Ltd

2 Church Lane, Hungerford, RG17 0HX Tel. 01488 682223

## Confidential Medical History

For your Dentist and Hygienist to provide the best and safest care we need to know of any problems that may affect your dental treatment. Today there are many medicines and conditions that cause changes within your mouth or can react with dental treatment.

Surname Mr/Mrs/ Ms/ Mx..... Sex: male / female /  
Prefer not to say

Forenames..... Date of Birth.....

Address.....

.....Postcode.....

Tel.Home.....Tel.work/email.....

Tel.Mob.....Occupation.....

Your doctors Name and address.....

Who to contact in emergency.....Tel.....

	YES	NO	If YES please give details
Are you receiving any medical treatment at the present time?			
Do you take any medicines capsules tablets or drugs including Non-prescription remedies?			
Have you taken any medicines, capsules or drugs including Non-prescription remedies in the past 3 years?			
Are you taking or have you taken Steroids in the past 2 years?			
Have you a history of High blood pressure, high cholesterol, heart disease, angina, heart Surgery or had a heart attack?			
Do you have a pacemaker?			
Have you had rheumatic fever or chorea (movement disorder)?			
Do you suffer from any infectious diseases (Including HIV and Hepatitis)?			

	YES	NO	If YES please give details
Are you allergic to any Medicines, foods or materials?			
Do you carry a EpiPen?			
Have you had Jaundice, liver or kidney disease?			
Have you had a joint replacement or any other implant?			
Do you suffer from chest or breathing problems or asthma?			
Do you have fainting attacks, giddiness or epilepsy?			
Do you have diabetes or does anyone in your family?			
Do you bruise easily or suffer prolonged bleeding following tooth extraction or injury?			
Are you pregnant or a nursing mother?			
Do you carry a medical warning card?			
Do you have a persistent dry mouth?			
Have you been under the care of a hospital doctor in the past 2 years?			
Have you had or do you have any illness or condition that we should know about?			
On average how many units of alcohol do you consume a week?			(A unit is half a pint of lager, a single measure of spirits or a single glass of wine
Do you smoke? If yes on average how much tobacco/cigarettes do you smoke a day?			

I do / do not give consent to receive courtesy text / email / phone reminders

I do / do not give consent for Church Lane Dental to provide information about appointment reminders/times to my spouse, partner or family members.

Print Name.....Signature..... Date.....

Dentist Name .....Signature.....Date.....

