MEDICAL HISTORY FORM

Title	.....	Address	.....
First name	.....		.....
Surname	.....		.....
Date of Birth	.....	Postcode	.....
Tel Home	.....	Doctor Name	.....
Tel Mobile	.....	Doctor Address	.....
Tel Work	.....		.....
Email	.....		.....
Occupation	.....	Postcode	.....

Where did you learn about Dentist@W2? Leaflet Local NewspaperRadio Website

Yellow pages Recommended by friend/family Other?

How long since you last received dental treatment?

	Yes	No
Do you have any dental pain or discomfort at the moment?		
Are you aware of clenching or grinding your teeth?		
Do you feel that you might suffer from bad breath?		
Do your gums bleed when you brush your teeth?		
Would you like to have whiter teeth?		
Are you concerned with crooked or crowded teeth?		
Would you like to improve the look of your smile?		
Do you get food trapped between your teeth?		
Are you:		
Receiving treatment from a doctor, hospital, clinic or specialist?		
Taking any medicine or tablets (creams/ointments/injections)?		
Taking or have you taken any steroids?		
Taking any anti-coagulants?		
Allergic to any medicines, foods or materials?		
Pregnant?		

Have you:	Yes	No
Had rheumatic fever or cholera?		
Had jaundice, liver, kidney disease or hepatitis?		
Ever been told you have a heart murmur or heart problem, angina, blood pressure or heart attack?		
Had positive blood test results for hepatitis A or B, or HIV?		
Ever had your blood refused by the Blood Transfusion Service?		
Had a reaction to a general or local anaesthetic?		
Had a joint replacement?		
Been hospitalised?		
If so, what for?		
When?		
Do you:		
Have arthritis or joint problems?		
Have a pacemaker, or have you had heart surgery?		
Suffer from hay fever, eczema or any other allergy?		
Suffer from bronchitis, asthma or any chest conditions?		
Have fainting attacks, giddiness, blackouts or epilepsy?		
Have diabetes or a history of it in your family?		
Have any bleeding disorders?		
Carry a warning card?		
Ever get cold sores?		

Completed by (Self/Guardian) .....

Date .....

Signed .....

dentist@W2
3-4 Norfolk Place, London, W2 1QN Tel: 0207 402 4024