



HETTON DENTAL PRACTICE Confidential Medical History

Please take a few minutes to complete this medical history assessment which will help your dentist to provide you with the most appropriate dental care. It is very important that we have an up to date record of your medical history and we would request that you check to ensure these details are up to date at each visit to the practice.

Surname _____

Title _____

Forename(s) _____

Date of birth _____

Address _____

Telephone number _____

Mobile number _____

Occupation _____

Your Doctor _____

Doctor's Surgery _____

	YES	NO	Further details
ARE YOU			
Attending or receiving treatment from a doctor, hospital, clinic or specialist?			
Taking ANY medicines? (including tablets, inhalers, injections, creams or patches, oral contraception)			
Pregnant or a nursing mother?			
Allergic to anything? (including medicines, foodstuffs etc.)			
Taking or have taken steroids in the last 2 years?			
HAVE YOU			
Had any serious illness or operations in the past?			
Have or had any liver disease? (including jaundice, cirrhosis and hepatitis)			
Had heart trouble of any kind? e.g. murmurs, birth defects, angina, valve replacement, pacemaker			
Been diagnosed with HIV?			
Had your blood refused by the Blood Transfusion Service?			

PLEASE TURN OVER →

