

The Village Dental Practice

CONFIDENTIAL MEDICAL HISTORY FORM

Title	Surname	Forenames
Male/Female	Address	Postcode
Telephone Number	Day	Evening
E-mail address		
Occupation	Date of Birth	
Referred or recommended by:	Emergency Contact Person	
Name of Doctor:	Relationship to Patient	
Address of Doctor	Address	
Phone No of Doctor	Telephone number	

Are you exempt from NHS charges? If so why?	Yes/No
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Have you ever had any of the following? Please tick Yes or No, answering all questions. Please use the back of the sheet if necessary.

	Yes	No
Rheumatic Fever?		
Abnormal bleeding?		
Breathlessness?		
Chronic Asthma/Bronchitis?		
Epilepsy?		
Do you have diabetes?		
Heart Murmur?		
Artificial Heart Valve or Pacemaker?		
Do you have osteoporosis?		
Do you bruise easily?		
Do you have an allergy to any of the following?		
Latex		
Penicillin		
Aspirin		
Local Anaesthetics		
Sedatives		
Iodine		
Hepatitis?		
High or low blood pressure?		
Heart trouble?		
Do you have Aids, or are you a HIV carrier?		
Do you have a connective tissue disorder?		
Are you having chemo or radiotherapy?		
Stroke or paralysis?		
Any infectious diseases?		
Do you bleed a lot when you cut yourself?		
Do you suffer from anaemia?		
Any major surgery: If so what was it?		
Have you been advised to have antibiotics before dental treatment?		
Any other illness: If so, what illness?		
Do you carry any warning cards, e.g. steroid use? If so, what for?		
Have you had any recent illness? If so, give details		
Have you been hospitalised recently? If so give details		
Have you had any operations, particularly operations to the face? If so, give details		
Are you receiving any medical care at present? If so, give details		
Have you ever had a bad reaction to local or general anaesthetics?		

Does any of your family have a bleeding disorder?		
Have you ever had a joint replacement? If so, give details		
Have you ever had any treatment for anxiety or depression?		
Have you ever been in a 'high risk group' that might contract HIV? E.g. homosexual, IV drug abuse, Haemophiliac? If so, which?		
If you are female, are you pregnant? If so, date baby due		
Do you drink alcohol? If so, how many units per week? Units =		
Do you smoke? If so, how many cigarettes do you smoke per day? Cigarettes =		
Is there any way you/anyone in your family may have a transmissible spongiform encephalopathy, e.g. CJD		
DO YOU TAKE TABLETS OR PILLS FOR ANY REASON? IS SO, WHAT ARE YOU TAKING?		
Antibiotics		
Anticoagulants		
Blood pressure tablets		
Diuretics (water tablets)		
Steroids		
Tranquilisers		
Antidepressants		
Antihistamines		
Aspirin		
Insulin		
Hormones		
Bisphosphonates		
Any others? If so, which?		

Which treatment do you wish to have?	NHS Yes/No	Private Yes/No	Mixture of both Yes/No
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I UNDERSTAND THAT IF I FAIL TO ATTEND AN APPOINTMENT WITHOUT GIVING AT LEAST 24 HOURS NOTICE, I WILL PAY A CHARGE OF £20 FOR EACH 15 MINUTES OF THE APPOINTMENT TIME. I WILL BE RESPONSIBLE FOR ANY DEBT COLLECTION CHARGES IF I FAIL TO PAY MY DENTAL FEES.

Signature _____ Date _____

DATE	MEDICAL HISTORY CHECKED ANY CHANGES	DENTIST'S INITIALS	PATIENT'S INITIALS

The Village Dental Practice

DENTAL HISTORY

NAME _____ Signature _____ Date _____

PREVIOUS DENTIST _____

WHY HAVE YOU CHANGED DENTIST? _____

HOW OFTEN DID YOU ATTEND? _____

Do your gums bleed? Yes/No
Do you sometimes suffer from bad breath? Yes/No
Have you any blackened silver/mercury fillings that you don't like? Yes/No
Have you any missing teeth? Yes/No
Do you have headaches, jaw aches or migraines?
If so how often? Yes/No

TREATMENT MENU: Are you interested in any of the following treatments?

Periodontal (gum) treatment Yes/No

White Fillings Yes/No

Dentures Yes/No

Tooth Whitening Yes/No

Veneers Yes/No

Crowns Yes/No

Bridges Yes/No

Implants Yes/No

Smile Analysis

Do you want to change the colour of your teeth? Yes/No

When you smile broadly, are your teeth more than one colour? Yes/No

If your teeth contain tooth coloured fillings or crowns, do they match the
Shade of your teeth and look natural? Yes/No

On a scale of 1 – 10 how happy are you with your smile (1 being least happy) _____

If you could alter your smile, what would you most like to change? _____

Are you in any Private Insurance scheme or Hospital scheme which allow full/part
Refund of your dental charges? Yes/No