Confidential Medical History Form

We ask you for information about your general health to help us treat you safely. Please fill in your details below, answer the health questions, and then sign the form on the back page. We will use this form at later visits to discuss any changes in your general health. All information will be kept strictly confidential.

Surname	Title				
First Name(s)	Date of Birth	te of Birth			
Your occupation					
Your GP's Name and Address					
Are you currently	Yes	No	Please give details		
Receiving treatment from a doctor, hospital or clinic?					
Taking any prescribed medicines? (eg tablets, ointments, injections or inhalers, including contraceptives and HRT) – Please list					
Carrying a medical warning card?					
Pregnant?					
Do you suffer from	Yes	No	Please give details		
Allergies to any medicines (eg penicillin), substances (eg latex/rubber) or foods?					
Hay fever or eczema?					
Bronchitis, asthma or other chest condition?					
Fainting attacks, giddiness, blackouts, epilepsy?					
Heart problems, angina, blood pressure problems or stroke?					
Diabetes (yourself or a blood relative)?					
Arthritis?					
Bruising or persistent bleeding following injury, tooth extraction or surgery?					
Any infectious diseases (including cold sores, HIV and hepatitis)?					
Have you ever had	Yes	No	Please give details		
Rheumatic fever or cholera?					
Liver disease (eg jaundice, hepatitis) or kidney disease?					
Any other serious illness? (eg cancer)					

Have you eve	re you ever had			Yes	No	Please give details		
Blood refuse	ed by the blood tr	ansfu	sion service?					
A bad reacti	ion to general or I	ocal a	naesthetic?					
A joint repla	acement, pacema	ker or	other implant?					
Treatment that required you to be in hospital?								
Heart surgery?								
Do you				Yes	No	Please give details		
How many units of alcohol do you drink per week? (a unit is half a pint of lager, a single measure of spirits or a single glass of wine)						U	nits per week	
Do you smoke any tobacco products (or did you in the past)?							Times per day	
Do you chew tobacco, pan, use gutka or supari (or did you in the past)?					Times per day			
Do you weigh more than 135kg (21 stones)?					Some of the equipment in our practice has weight tolerance limits. If your weight exceeds this limit, alternative arrangements may need to be made for your dental care.			
Please give any other details which your dentist might need to know about, such as self-prescribed medicines (e.g. aspirin) In case of an emergency, please give details of someone who we can contact on your behalf Name								
Telephone (
Completed by (please tick one) Self				Par	ent	Guardian		
Signature						Date		
I give my cor	nsent to the dentist	to re	quest information f	rom m	y doct	or concerning my med	dical history	
Signature						Date		
Date	Any change? Yes/No	Please list any changes below						Patient's initials
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Priory Dental Care New Patient Questionnaire



Welcome to Priory Dental Care. To enable us to offer you the best possible service, and to help us understand your treatment needs, please could you kindly complete the following questionnaire.

Patient Name:	Date of Birth:			
1) How long since your last dental visit?	years months			
2) What is the main reason for your visit today? (please give details below)				
3) Are you experiencing any pain or discomfort in you (if an	our mouth? Yes □ No □ nswering 'Yes' please give further details below)			
4) Do your teeth allow you to eat an unrestricted die (if a	et? Yes \(\sigma\) No \(\sigma\) inswering 'No' please give further details below)			
5) How do you feel about the appearance of your te (if answering	eeth? Satisfied □ Dissatisfied □ g 'Dissatisfied' please give further details below)			
6) Have you ever had any problems with dental trea (if a	ntment? Yes □ No □ nswering 'Yes' please give further details below)			
7) Are you looking for regular dental care, or just a continuous c	one-off treatment? Regular □ One-off □			
8) Once 'dentally fit', are you interested in joining o	•			
9) Is there anything else you wish to tell us? (please give details below)				