

DCO DENTAL GROUP

CONFIDENTIAL MEDICAL HISTORY FORM

Like all dentists, we ask patients for information about their general health to help us treat them safely.
Please fill in your correct details below, answer health questions and then sign the form at the bottom.

Surname (Mr. Mrs. Miss. Ms):	Forename:	
Date of Birth:	Sex: Male/Female	Occupation:
Address:		
Te. No. Home:	Work:	Mobile:
Email:		
Doctors Name & Address:		
Doctors Tel No:		

ARE YOU CURRENTLY:	YES	NO	IF YES PLEASE GIVE DETAILS
Pregnant?			
Attending or receiving treatment from a doctor, hospital, or alternative therapist?			
Taking any prescribed medicines from your Doctor or self prescribed (e.g. Tablets, ointments, injections, inhalers, contraceptive or HRT)?			
Allergic to any medicines (e.g. Penicillin) substances (e.g. Latex/Rubber) or foods?			
Carrying a warning card?			

DID YOU, AS A CHILD OR SINCE HAVE:	YES	NO	IF YES PLEASE GIVE DETAILS
Rheumatic fever or cholera?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Been told you have heart valve problem/murmur?			
Been told you have blood pressure problems, angina, had a heart attack or stroke?			
Heart or brain surgery?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service?			
Treatment that required you to be in hospital?			
A joint replacement?			
A bad reaction to general or local anaesthetic?			
Growth Hormone treatment before the mid 1980's?			
A close relative with Creutzfeldt Jacob Disease?			

DO YOU SUFFER FROM:	YES	NO	IF YES PLEASE GIVE DETAILS
Hay fever or eczema?			
Bronchitis, asthma or other chest condition?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV and hepatitis)?			

DRINKING	UNITS PER WEEK
How many units of alcohol do you drink per week?	
(A unit is half a pint of larger, a single measure of spirit or a single glass of wine/aperitif.)	

SMOKING AND CHEWING	YES	NO	IN PAST	UNITS PER DAY
Do you smoke any tobacco products now (or did in the past)?				
Do you chew tobacco, pan, use gutkha or supari now or did in the past?				

Signed _____ Self/Parent/Guardian Date: _____

Checked & updated on computer by: _____ Date: _____
(dentist signature)

PRACTICE USE: PATIENT CODE:
