

Vaswani Dental Practice
 1 Chase Side
 Southgate
 N14 5BP

CONFIDENTIAL MEDICAL HISTORY FORM

Title	First Name	Surname	DOB
Home Address			
Home Phone	Mobile Phone		Work Phone
Email			
Occupation			
Doctors Details – Name		Address	
How did you hear about us? Please specify			

ARE YOU CURRENTLY	YES	NO	DETAILS
Pregnant			
Receiving treatment from a Doctor, Hospital or Clinic			
Taking or using any medication including contraceptives			
Taking or taken steroids in the last two years			

DO YOU SUFFER FROM			
Allergies to any medicines, foods or materials			
Heart murmur, heart problem, angina, blood pressure or heart attack			
Any infectious diseases including HIV and Hepatitis Type A B or C			
Arthritis			
Bronchitis, asthma or other chest condition			
Fainting attacks, giddiness, blackouts or epilepsy			
Diabetic or family history of diabetes			
Gastric problems			
Hay fever, eczema or any other allergy			
Bruising or persistent bleeding following injury, surgery or extraction			
Cold sores			
Depressive Illness			
Drug Dependence			

DID YOU AS A CHILD OR SINCE HAVE			
Rheumatic fever or chorea			
Jaundice, liver, kidney disease or hepatitis			
Had your blood refused by the Blood Transfusion service			
Had a bad reaction to general or local anaesthetic			
Had a joint replaced or other implant			
Treatment that required you to be hospitalised			
A pacemaker or other heart or brain surgery			

Do you smoke any tobacco products now (or in the past) and if so how many?	YES	NO	PAST	TIMES A DAY
How many units of alcohol do you drink per week? (A standard 175ml glass of wine contains 3 units, a pint of lager or double spirit measure contains 3 units)				UNITS PER WEEK

To help us plan the best possible care for you could you please advise us on what aspects of your dental health you would like to improve and are most concerned with.

1. Are you happy with the appearance of your teeth ? Yes/No

Details

2. What is your main concern for your teeth and gums?

Signed _____

Date _____