

## BADDOW DENTAL PRACTICE CONFIDENTIAL MEDICAL HISTORY FORM

Patient Name: .....	DOB: .....
Address:.....	Home Tel:.....
.....	Mobile Tel:.....
Post Code:.....Occupation:.....	E.mail:.....

Do you have or have you suffered from: (please **CIRCLE** as appropriate)

<b>Rheumatic Fever?</b>	<b>Pacemaker?</b>	<b>Epilepsy?</b>	<b>Diabetes?</b>
YES      NO	YES      NO	YES      NO	YES      NO
<b>Heart Problems?</b>	<b>Liver or Kidney Disease?</b>	<b>Asthma?</b>	<b>Hayfever?</b>
YES      NO	YES      NO	YES      NO	YES      NO
<b>High Blood Pressure?</b>	<b>Hepatitis?</b>	<b>Joint replacement?</b>	<b>Bleeding Disorders?</b>
YES      NO	YES      NO	YES      NO	YES      NO
<b>Heart Surgery?</b>	<b>Blackouts / Fainting / Giddiness?</b>	<b>Take tablets for Cancer or Osteoporosis?</b>	<b>ANY blood borne virus e.g HIV/Hepatitis?</b>
YES      NO	YES      NO	YES      NO	YES      NO
<b>Heart Murmur?</b>	<b>Jaundice?</b>	<b>Chest Problems?</b>	<b>Allergies (including Latex)?</b>
YES      NO	YES      NO	YES      NO	YES      NO

Have you had a bad reaction to a local anaesthetic? **Yes / No**

Have you been in hospital for any operations / serious conditions before? **Yes / No**

Have you used needle delivered recreational drugs? **Yes / No**

Are you seeing a doctor at present? **Yes / No**

Taken steroids in the last 2 years? **Yes / No**

Do you carry a warning card? **Yes / No**

(Females) Are you, or may you be pregnant? **Yes/No**

If yes to any of the above, please give information.....

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Do you smoke? **Yes / No** If yes, how many smoked per day? ..... How many years?..... Previous smoker? **Yes/No**  
 How many units of alcohol do you drink per week? .....

How many times per day do you brush your teeth? .....

How often do you floss or use dental aids to get between your teeth? .....

**Name and address of your Doctor:**.....

.....

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**Patient (or Parent/Guardian)**

**Signature**.....

**Date**.....

<b>Updated on (Date):</b>							
<b>Signed:</b>							

**Please list ANY allergies:**

**Please list ANY medication you take:**