



**CONFIDENTIAL MEDICAL HISTORY SHEET**

**Cirencester Dental Practice**

**We ask you for information about your general health to help us treat you safely. Please write your contact 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 by the people caring for you.**

Surname

Title

Forenames

Sex Male/Female

Date of birth day\_\_\_\_ month\_\_\_\_ year\_\_\_\_\_

Address

Postcode

Telephone home

work

Email

Occupation

Date of last dental treatment

Day month year

Doctor's name

Doctor's address

Doctor's telephone

*Contd.*

**Cirencester Dental Practice**

The Old Post Office, 12 Castle Street, Cirencester, GL7 1QA Tel: 01285 640248 Fax: 01285 640258  
www.cirencesterdentalpractice.com Email: reception@cirencesterdentalpractice.com



<b>Are you currently</b>	<b>Y</b>	<b>N</b>	<b>GIVE DETAILS</b>
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines (e.g. tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant			

<b>Do you suffer from</b>	<b>Y</b>	<b>N</b>	<b>GIVE DETAILS</b>
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 (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV and hepatitis)?			

<b>Did you, as a child or since, have:</b>	<b>Y</b>	<b>N</b>	<b>GIVE DETAILS</b>
Rheumatic fever or chorea?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in the hospital?			
Heart surgery?			

**Cirencester Dental Practice**



**CIRENCESTER**  
DENTAL PRACTICE

<b>Drinking</b>	<b>UNITS / WEEK</b>
How many units of alcohol do you drink per week? <i>(A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif.)</i>	<i>Units per week</i>

<b>Smoking and Chewing</b>	<b>Y</b>	<b>N</b>	<b>IN PAST</b>	<b>QUANTITY</b>
Do you smoke any tobacco products now (or did you in the past)?				<i>times per day</i>
Do you chew tobacco, pan, use gutkha or supari now (or did you in the past)?				<i>times per day</i>

**Please give any other details which your dentist might need to know about, such as self-prescribed medicines (eg aspirin):**

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<b>Do you give consent for the practice to leave messages regarding your appointments (tick for consent):</b>	<b>Tick</b>
Mobile Voicemail	
Home Answer Machine	
Work Answer Machine	

**Completed by (please tick)**      Self      Parent      Guardian

**SIGNATURE:** .....