

# MEDICAL AND DENTAL HISTORY

SBS MH (V3)

<b>Date:</b>	<b>DOB:</b>
<b>Title:</b>	<b>Forenames:</b>
<b>Surname:</b>	
<b>Address (including Post Code):</b>	
<b>Tel (Home):</b>	<b>Tel (Mobile):</b>
<b>Tel (Work):</b>	<b>E-MAIL:</b>
<b>Occupation:</b>	
<b>Name of GP:</b>	<b>Name of Surgery:</b>
<b>Address of GP:</b>	<b>Phone No of GP:</b>

Reminders and recalls are sent by e-mail only. Please ensure we have your correct e-mail address if you wish to receive these.

	Yes	No
Have you suffered from Rheumatic fever?		
Have you suffered from any Heart Complaint / High Blood Pressure / Heart Murmurs? (please circle)		
Have you suffered from Diabetes?		
Have you suffered from Epilepsy?		
Have you suffered from Hepatitis?		
Have you suffered from Chronic Bronchitis or Asthma?		
Have you suffered from Excessive Bleeding?		
Have you suffered from any other Serious Illnesses? (please list below)		
Are you at taking any Medicines/Tablets/Ointments at present? (please list below)		
In last 2 years have you been treated with any form of Steroids? (please list below)		
Are you Pregnant?		
Are you a mother of a child under 12 months?		
Have you had a joint replacement operation?		
Have you undergone any operations in the last 2 years?		
Are you HIV Positive?		
Do you have any allergies to any medicines, anaesthetics or latex?		
Do you smoke and if so approximately how many do smoke per day? Cigarettes:		
Do you drink alcohol, and if so approximately how many units do you drink per week? Units:		
Do your gums bleed?		
Do you or have you suffered from bad breath?		
Are your teeth sensitive to hot and cold?		
Do you have any dental pain?		
Are you interested in any Cosmetic Dental Treatment including Whitening, Teeth Straightening or Implants?		
<b>Other / Medication:</b>		

I have answered all the questions above accurately and to the best of my knowledge.

I understand that if I fail to attend or give 24 hours' notice for missing an appointment, I will be liable for missed appointment charges depending on the length of appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_