

PLEASE GIVE ANY OTHER DETAILS WHICH YOUR DENTIST MIGHT NEED TO KNOW ABOUT, SUCH AS SELF-PRESCRIBED MEDICINES (eg ASPIRIN)

Admiral House Dental Practice

Strictly Confidential Patient Questionnaire

FORM COMPLETED BY (Please tick) Self Parent Guardian

SIGNATURE: _____

Date: _____

MEDICAL HISTORY UPDATE

Please check that the health information on this form is still correct (including information on smoking and drinking). If not, amend as necessary or note any changes below.

DATE	NO CHANGE	CHANGES	PATIENT'S INITIALS

ADDITIONAL NOTES:

Surname:		Title:
Forenames:		Date of Birth:
Address		
Tel. No (home): Tel. No. (work): Mobile:		Occupation:
Doctors name and address:		Date of last dental treatment:
Doctors telephone number:		
Were you recommended to this Practice? Yes No		By Whom?
Were you recommended to the Dentist? Yes No		

ARE YOU CURRENTLY	YES	NO	GIVE DETAILS
Pregnant			
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?			

DO YOU SUFFER FROM	YES	NO	GIVE DETAILS
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)?			

DID YOU, AS A CHILD OR SINCE, HAVE:	YES	NO	GIVE DETAILS
Rheumatic fever or chorea?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			

	YES	NO	GIVE DETAILS
Any other serious illness?			
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?			
Brain surgery?			
Growth hormone treatment before the mid-1980s?			

DRINKING	UNITS PER WEEK
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>

SMOKING	YES	NO	IN PAST	QUANTITY
Do you smoke any tobacco products now (or did you in the past)? How many times per day?				<i>per day</i>