

	Yes	No	Details
Our dental chairs operate safely up to the capacity of 135kg. Do you weigh 135 kg (21St 3.6 pounds) or above?			
Two of our surgeries are accessed via 13 stairs. Do you have a medical need to be seen in a downstairs surgery?			
Are you receiving treatment from a doctor, hospital or clinic?			
Are you taking any prescribed medicines?			
Do you carry a medical warning card?			
Are you pregnant?			
Do you have any allergies to any medicines, substances or food?			
Do you suffer from; bronchitis, asthma, or other chest condition?			
Do you suffer from; fainting attacks, giddiness, blackouts, epilepsy?			
Do you suffer from; heart problems, angina, blood pressure problems, or stroke?			
Do you suffer from; diabetes (or does anybody in your family)?			
Do you suffer from; bone or joint disease, joint replacement or other implant?			
Do you suffer from; bruising or persistent bleeding following injury, tooth extraction or surgery?			
Do you suffer from; liver disease or kidney disease?			



Medical History Form

Do you have any other serious illness?			
Have you ever had your blood refused by a Blood Transfusion Service?			
Have you ever had a bad reaction to general or local anaesthetic?			
Treatment that required you to be in hospital?			
Have you ever had heart surgery?			
Do you regularly drink alcohol, if so what is your average weekly consumption?			
Do you smoke tobacco products now (or in the past)?			
Do you chew tobacco, pan, use gutkha, or supari now (or in the past)?			
Do you have any infectious diseases?			
Do you have rheumatic fever or chorea?			
Do you suffer from hay fever or eczema?			
Do you have arthritis?			
Anything else that you would like the practice to know that could impact on your visit?	Speech difficulty Hearing difficulty Sight difficulty Mobility difficulty Autism/ Sensory processing Disorder Diagnosis Short-term memory loss / Dementia Diagnosis Other		

Signature

Sign:	Print Name:
	Date:
On behalf of/relationship:	