Title: **Last Name:** **First Name:**
Date of Birth: **Sex:** **Male [ ] Female [ ]**
Address:
Postcode:

Home Telephone Number: **Mobile number:**
e-mail: **Occupation:**

In the event of an emergency please contact:
Name: Relationship to you:
Telephone number:

Doctor's details
Doctor's Name: Doctor's Surgery: Telephone Number:
Address:

	Yes	**No**
Are you currently receiving treatment from a doctor, hospital or clinic?	[ ]	[ ]
Taking any prescribed medications? (Please list – use overleaf if required)	[ ]	[ ]
Carry a medical warning card? (Please give details)	[ ]	[ ]
Are you pregnant or possibly pregnant?	[ ]	[ ]

Have you ever had	**Yes**	**No**	**Give details:**
Allergies to medicines, substances or food? e.g. penicillin, latex	[ ]	[ ]	
Bronchitis, asthma or other chest conditions	[ ]	[ ]	
Epilepsy, fainting attacks, giddiness or blackouts?	[ ]	[ ]	
Suffered from any mental illness?	[ ]	[ ]	
A learning disability?	[ ]	[ ]	
Suffered from depression?	[ ]	[ ]	
Heart problems, angina or stroke?	[ ]	[ ]	
Heart Surgery?	[ ]	[ ]	
High or low blood pressure?	[ ]	[ ]	
Diabetes?	[ ]	[ ]	
Bone or joint disease? e.g. arthritis, osteoporosis	[ ]	[ ]	
Stomach or other Bowel problems?	[ ]	[ ]	
Liver disease or Kidney disease	[ ]	[ ]	
HIV or any other blood-borne infection?	[ ]	[ ]	
Persistent bleeding following tooth extraction?	[ ]	[ ]	
Blood refused by the Blood Transfusion Service?	[ ]	[ ]	
A bad reaction to local or general anaesthetic?	[ ]	[ ]	
Treatment that required you to be in hospital?	[ ]	[ ]	

How many units of alcohol do you drink per week? ____ units per week
A unit is half a pint of lager, a single measure of spirits or a single glass of wine)

Do you smoke? If so, how many? Y [ ] No [ ] in the past [ ] ____ cigarettes per day
Do you chew tobacco, pan, gutkha or supari? Y [ ] No [ ] in the past [ ]

Is there any other information you feel that the dentist should know, that may influence your dental visits? (please use overleaf as required)

Patient Signature: **Date:** **signed by: Self [ ] Parent/guardian [ ] Carer [ ]**