



MEDICAL HISTORY FORM

THIS IS A LEGAL DOCUMENT, PLEASE FILL EVERY SECTION IN CAPITAL LETTERS

First Name(s):	
Surname:	
Title (circle):	MR MRS MS MISS MASTER DR OTHER:
Sex (circle):	MALE FEMALE
Date Of Birth:	DD/MM/YYYY:
NI Number:	
Address:	
Postcode:	
Home Telephone Number:	
Mobile Number:	
Email Address:	

GP Name:	
Practice Name:	
Address:	
Postcode:	
Telephone Number:	
NHS Number:	This can be provided by your GP and is ESSENTIAL for NHS dental treatment: _ _ _ _ _
How did you hear of us?	<input type="checkbox"/> Another patient/friend (Name): <input type="checkbox"/> NHS Choices <input type="checkbox"/> Passing by <input type="checkbox"/> Other: <input type="checkbox"/> Google

If you are entitled to free NHS Dental Treatment, you must BRING YOUR PROOF OF EXEMPTION at time of registration.

We are closed for lunch between 1.00pm – 2.00pm

You must give at least 24 hours' notice of cancellation, otherwise a fee may be charged.

PLEASE TURN OVER



Please tick:

	Yes	No	Details
Are you taking any medication?			

If at present you are taking any prescribed medication YOU MUST PROVIDE A LIST OF ALL MEDICATIONS

Please tick:

	Yes	No		Yes	No		Yes	No
Rheumatic Fever			Heart Trouble			High Blood Pressure		
Asthma			Arthritis			Hepatitis Specify A B C		
Bronchitis/Chest Problems			Epilepsy			Severe Headaches/Migraine		
Anaemia			Diabetes			Kidney Trouble		
Gastric Problems			Cold Sores			Depressive Illness		
Drug Dependence			HIV					

If you ticked any of the above please provide details: _____

Please tick:

	Yes	No	Details
Pregnant			Weeks:
Smoke tobacco			Per day:
Have any allergies to medicines, substances or food			
Drink alcohol			Units Per week:

I brush _____/day, using manual/electric toothbrush and use floss/interdental TePe brushes _____/day.

Emergency Contact Name and number: _____

Signature _____ **Date** _____

I authorise The Dental Suite and consent to allow photographs of my face, jaw and teeth, to be used for:
dental records, dental research, dental education and marketing material including websites and printed materials:

Signature _____ **Date** _____