

# Medical History Questionnaire.

Surname ..... Title.....  
Forenames.....Date of Birth.....  
Address.....  
.....Postcode.....E-mail Address.....  
Tel nos home.....Tel no work.....  
Tel no mobile.....Occupation.....

## Certain medical conditions can affect dental treatment and vice versa

Please complete this form by circling the appropriate boxes and answering the questions

**All details will be strictly confidential**

### Do you have or have you suffered from:

Rheumatic Fever? Yes/No  
Any heart complaint, heart surgery or stroke? Yes/No  
Diabetes? Yes/No  
Epilepsy or fainting attacks? Yes/No  
Chronic bronchitis or asthma? Yes/No  
Hepatitis? Yes/No  
Excessive bleeding? Yes/No  
High blood pressure? Yes/No  
Any other serious illness? Yes/No  
Do you carry a medical warning card? Yes/No  
Are you allergic to any medicines, tablets, substances or latex? Yes/No  
Please list .....  
Are you at present taking any medicines or tablets? Yes/No  
Please list .....  
.....  
Are you Pregnant? Yes/No  
In the past 2 years have you undergone any operations? Yes/No  
Please list.....  
In the last 2 years have you been treated with hydro-cortisone or corticosteroids? Yes/No  
Have you ever had a joint replacement operation? Yes/No  
Please circle or tell the dentist if you are HIV positive? Yes/No  
What is your average weekly consumption of alcohol? .....  
If you smoke, what is your average per week?.....  
Do you drink sweetened drinks? Yes/No  
Do you eat sweets or chocolate? Yes/No  
Do you play contact sports? Yes/No  
Do you wear a gum shield? Yes/No  
Have you any concerns with your teeth at present? Yes/No  
Are you happy with the appearance of your teeth? Yes/No  
Are you happy with the colour of your teeth? Yes/No  
Are you happy with the shape of your teeth? Yes/No  
Who recommended you to our surgery? .....  
How long ago did you last see a dentist?.....  
What is the name of your last dentist? .....  
Name and address of your doctor:.....  
.....

**Patients signature**.....**Date**.....