

Mayfield Dental Centre Medical History

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Mayfield
Dental
Centre

Where did you hear about us?

(Please circle your title) Mr Mst Mrs Miss Ms

Full Name: _____

D.O.B: ___/___/_____

Occupation: _____ Postcode: _____

Address: _____

Contact Numbers: Home: _____

Mobile: _____

Work: _____

Email: _____

Please circle

Are you happy to receive email and/or text reminders? YES NO

1. Do you smoke? Yes / No If yes, how many per day? ____
2. Do you drink? Yes / No If yes, how many units per day? ____
3. Are you attending or receiving any treatment from your doctor, hospital, clinic or specialist? Yes / No If yes please explain:

4. Are you taking any medicines or tablets prescribed by your doctor? *Please list or attach a copy:*

5. Are you allergic to Penicillin, any other drugs, substances, food or materials (rubber/latex)? _____
6. Is there a chance you may be pregnant? Yes / No
7. Have you ever had angina, high/low blood pressure, heart attack or stroke? Yes / No
8. Have you ever had rheumatic fever? Yes / No

_____, you ever had jaundice, hepatitis, liver problems or kidney disease?

Yes / No If yes, which one: _____

11. Have you ever had asthma, bronchitis, hay fever or any chest infections?

Yes / No

12. Had you ever had any blood related diseases? Yes / No If yes, what?

13. Have you ever had a heart valve replacement? Yes / No If yes, when:

14. Have you ever had a blood transfusion from the blood transfusion service?

Yes / No

15. Do you have a pacemaker? Yes / No If yes, when: _____

16. Have you ever had fainting attacks, giddiness or epilepsy? Yes / No

17. Are you diabetic? Yes / No

18. Do you carry a warning card or take steroids? Yes / No If yes what are they for:

19. Do you bruise easily or ever had excessive or prolonged bleeding? Yes / No

20. Have you ever suffered from headaches or migraines? Yes / No

21. Have you any infectious diseases such as HIV, CJD or Hepatitis Yes / No

22. Is there anything else the dentist should know?

What is your ethnic group? (Please circle **ONE** from the list below)

White British

White Irish

White & Black Caribbean

White & Black African

White & Asian

British Indian

Asian or Asian British Pakistani

Asian or Asian British Bangladeshi

Asian

Black or Black British African

Chinese

Other White Background

Other Black Background

Other Asian Background

Other Mixed Background

Any Other Ethnic Group

I'd rather not choose

Signed: _____ Date: ___/___/_____