THE BRAMHOPE DENTAL CLINIC

Confidential Medical History Form

Surname:	Title:
Forenames:	
Date of Birth:	Sex: male/female
Address:	
Tel - Home:	Work:
Mobile:	Email:
Occupation:	
Expectant mother: Yes/No	
Doctors name & address:	
How did you hear about The Bramhope Dental Clinic?	

ARE YOU:	**YES**	**NO**	**DETAILS**
Generally fit & well?			
Attending or receiving treatment from a doctor, hospital, clinic or alternative therapist?			
Taking any medicines from your doctor? (tablets, ointments, injections, inhalers, including contraceptives & hormone replacement therapy)			
Allergic to any medicines, foods, materials, rubber, latex, bleach & metals?			

HAVE YOU, AS A CHILD OR SINCE:	**YES**	**NO**	**DETAILS**
Had rheumatic fever or chorea?			
Had jaundice, liver or kidney disease or hepatitis?			
Been told you have a heart problem, angina, blood pressure problems, or had a heart attack or stroke?			
Had any recent blood tests or inoculations?			
Ever had your blood refused by the Blood Transfusion Service?			
Had a bad reaction to a general or local anaesthetic?			
Had a joint replacement or other implant?			
Treatment that required you to be in hospital? If yes, what for & when?			

DO YOU:	YES	NO	DETAILS
Have arthritis?			
Have a pacemaker, or have you had any form of heart surgery?			
Suffer from hay fever or eczema?			
Suffer bronchitis, asthma, or other chest condition?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes, or does anyone in your family?			
Bruise easily or, following tooth extraction, surgery or injury, have you or members of your family bled so as to cause you to be worried?			
Carry a warning card?			
Smoke cigarettes, cigars, pipe tobacco or any other form of tobacco? If yes, what quantities.			
Ever get cold sores?			
Suffer from any infectious diseases ? (Including HIV & Hepatitis)			
Are there any other aspects concerning your health that you think your dentist should know about?			

Clinical photography can play a key role in forming a part of your confidential treatment record as well as contributing to the education and research of dental professionals such as dental students, qualified dentists and dentists on specialist training programs. Photographs may be taken before treatment progresses, during treatment or on the completion of treatment.

These images may be used for publication in a journal, textbook, as part of a display or information leaflet or an open access web site, which may be seen by the general public as well as dental professionals.

Should you have any concerns regarding clinical photography then please do not hesitate to discuss this with any member of staff.

Completed by: Self / Parent / Guardian

Signature: Date:

MEDICAL HISTORY UPDATE

Date: Date: Date: Date: Date: