

Medical History Questionnaire



Why we ask you to fill in this form

It is important for your dentist to have your medical history and understand your health needs before any examination or treatment is carried out. If you are a new patient to the practice, please complete the following form for your first assessment. You will be asked to update your personal and medical history at each visit. All information is kept strictly confidential.

Your Personal Details

Title (Mr, Mrs, Miss, Ms, other title)

First name(s) (please include all forenames in full)

Surname

Name of parent/ guardian

Address

Postcode

Home Phone Number

Mobile Number

Date of Birth

Email address

Emergency Contact

Name

Telephone

Who may we thank for referring you/ How did you hear about us?

What is your occupation?

Medical History Questionnaire

GP Name

Telephone

Address

Postcode

(Circle yes or no and provide details as necessary to the following questions)

Are you attending or receiving treatment from doctor, hospital, clinic or specialist?

YES NO

Taking any medicines, tablets, creams, injections, steroids, other?

YES NO (if yes, provide details)

Are you allergic to any medicines (eg. penicillin/ antibiotics), foods or materials (eg. latex)?

YES NO

Have you had Rheumatic fever, jaundice, liver or kidney disease or hepatitis or infectious diseases (eg. HIV)? **YES** **NO**

Do you have a heart murmur, ever had a heart problem, angina, blood pressure problems or heart attack? **YES** **NO**

Do you have a pacemaker or ever had heart surgery? **YES** **NO**

Ever been hospitalised? What for and when? **YES** **NO**

Do you suffer from hayfever, eczema or other allergy? **YES** **NO**

Do you suffer from bronchitis, asthma or any other chest condition? **YES** **NO**

Do you have fainting attacks, giddiness, blackouts, epilepsy? **YES** **NO**

Do you or anyone in your family suffer from diabetes? **YES** **NO**

Do you ever get cold sores? **YES** **NO**

How many units of alcohol do you drink per week?

Do you smoke or use tobacco products (past or present) **YES** **NO** (how many per day?)

Have you or any relative ever had prolonged bleeding problems? **YES** **NO**

Ever had brain surgery, growth hormone treatment before the mid-1980s, or have CJD? **YES** **NO**

Pregnancy & Family Planning

Are you pregnant or is it possible that you may be pregnant? **YES** **NO**

Are you taking the contraceptive pill? Certain medications may compromise its effectiveness. **YES** **NO**

Dental History

What prompted you to seek dental care at this time?

How long has it been since your last dental examination and x-rays? Last hygienist visit?

Are you experiencing pain or sensitivity in your teeth or gums? **YES** **NO**

Are you aware of clenching or grinding your teeth? **YES** **NO**

Do your jaw joints ever hurt or click? **YES** **NO**

Do you suffer from headaches, migraines, ear pain? **YES** **NO**

Do your gums bleed easily, feel tender or irritated? **YES** **NO**

Are you concerned about bad breath or bad taste in your mouth? **YES** **NO**

How often do you brush your teeth? Floss?

Are you interested to know more about?

Teeth whitening

Teeth straightening

Replacing missing teeth

Softening lines/ wrinkle reduction

Confidentiality and General Data Protection Regulation Statement

Your personal information will only be disclosed to those involved with your treatment or care. Your personal information will also be shared with dental specialists you have been referred to for treatment either within the practice or externally and pharmacists when required. You will be informed of this in advance. Mobile numbers and email addresses are used to send SMS and email appointment reminders. We may also occasionally send you email updates on practice. Our patient records are digitised and paper records are destroyed wherever possible. These records are maintained in line with General Data Protection Regulations. Records can be deactivated on request but can only be destroyed in keeping with current record-keeping regulations.

Cancellation Policy

For hygienist appointments not honoured, the full fee is charged. At least one working day's notice must be given to change a hygienist appointment. For failed general dental appointments charges are at the discretion of the treating dentist. For specialist appointments (eg. Cerec, long orthodontic procedures, periodontal & endodontic appointments) 75% of the fee will be charge if three working days' notice are not given, and 100% charge for failed appointments.

Payments Policy

The policy of our practice is to charge for what we do at the time that we do it, so that fees don't accumulate and we don't have to send out bills.

Emergency Appointments

If you have a dental emergency we will endeavour to do everything possible to help resolve your problem during our opening hours. Emergency appointments are not generally available during the most desirable time slots. Emergency appointments may incur an emergency fee.

Attendance

We endeavour to run on time for your scheduled appointments and ask that you do too. If we foresee a significant delay, our receptionists will try to contact you to let you know and we also ask that you let us know if you expect to be delayed. Where there is a delay, your appointment may need to be rescheduled to allow the required amount of time for your procedure which ensures the best possible outcome for your treatment.

Declaration

By signing, I understand the aforementioned practice policies

If signing on behalf of a child, **Parent/Guardian name** _____

Patient/Parent/Guardian signature	D	D	M	M	Y	Y	Y	Y
Dental signature	D	D	M	M	Y	Y	Y	Y