Borehamwood Dental Practice
Medical History Form

Surname: Title:

Forenames: Gender:

Date of Birth: Age:

Permanent Address:

Postcode:

Home Telephone: Work Telephone:

Mobile Phone: E-mail Address:

Occupation: ……

Date of your last dental treatment (if known, your previous dental practice) ……....

Doctor's Name & Address (GP)……

…… . Your NHS Number

……

How did you hear about us? Please describe:……

ARE YOU CURRENTLY?	**YES**	**NO**	**IF YES, PLEASE GIVE DETAILS**
Pregnant?			
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines (eg tablets, ointments, injections) if yes please state			
Inhalers including contraceptives or hormone replacement therapy)?			
Carrying a warning card?			
Taking or taken steroids in the last two years?			
DO YOU SUFFER FROM:	**YES**	**NO**	**IF YES, PLEASE GIVE DETAILS**
Allergies to any medicines (eg antibiotics), substances (eg latex/rubber) or foods?			
Hay fever or eczema?			
Fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes, or does anyone in your family?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV or hepatitis)?			
DID YOU, AS A CHILD OR SINCE, HAVE	**YES**	**NO**	**IF YES, PLEASE GIVE DETAILS**
Rheumatic fever or chorea (St Vitus Dance)?			
Liver disease (eg jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service?			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in hospital?			

Ever been told you have a heart murmur or heart problem, angina, blood pressure problems or heart attack?			
Brain Surgery?			
Growth hormone treatment before the mid-1980s?			
A close relative (parents, sibling, child, grandparent or grandchild) with Creutzfeldt Jakob Disease?			
DRINKING, SMOKING AND CHEWING	**YES**	**NO**	**GIVE DETAILS**
Do you drink alcohol? How many units of alcohol do you drink per week? (A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif)			
Do you smoke any tobacco products now or did you in the past?			
Do you chew tobacco, pan or supari or did you in the past?			
DENTAL QUESTIONNAIRE	**YES**	**NO**	**GIVE DETAILS**
Would you like to improve the look of your smile?			
Would you like to have whiter teeth?			
Do your gums bleed when you brush your teeth?			
Are you concerned with crooked or crowded teeth?			
Do you get food trapped between your teeth?			
Do you have concerns about your breath?			
PLEASE GIVE ANY OTHER DETAILS WHICH YOUR DENTIST MIGHT NEED TO KNOW ABOUT, SUCH AS SELF-PRESCRIBED MEDICINES (EG ASPIRIN)			

I wish to register as a patient with a Dentist at Borehamwood Dental Practice I understand and agree to the following:

- **That under my treatment plan, my treatment will have been paid for in total on completion of treatment.**
- **That under my treatment plan, I may be required to pay in advance for certain items of treatment.**
- **That I may be de-registered if I fail to attend 2 NHS dental appointments. Your dentist can terminate your treatment if you miss your appointment without letting the dental surgery know or cancel your appointment at short notice (we require one days notice).**

Completed by: **SELF/PARENT/GUARDIAN** (please circle)

Signature:…… Date:……