

Smyth Dental

30 Fairhill Road . Cookstown . Co. Tyrone . BT80 8AG T. 028 8676 2306

Confidential Medical History Form

Title	Name	
D.O.B.	Occupation	
Address		
Postcode		
Home Tel. No.	Mobile No.	Work No.
Email Address		
How long since you last received dental treatment?		
Are you pregnant/possibly pregnant? YES / NO		

Doctor's Details Name Address	In event of emergency, please contact Name Telephone No. Relationship to you
--	--

Are you	Yes	No	Give details and list medications
Receiving treatment from a doctor, hospital or clinic?			
Taking any medicines (Tablets, Injections, Inhalers, Bisphosphonates)?			
Taking or have you taken steroids in the last two years?			
Allergic to any medicines, foods or materials?			
Have you	Yes	No	Give details and list medications
Had rheumatic fever or chorea (St Vitus Dance)?			
Heart murmur or heart problem?			
Angina, Blood pressure, Heart attack, Stroke?			
A pacemaker, or have you had any form of heart surgery?			
Asthma, Bronchitis or other chest condition?			
Hay fever, eczema, or any other allergy?			
Have you or any of your close relatives (parents, siblings, children, grandparents or grandchildren) Creutzfeldt Jakob Disease?			
Fainting attacks, giddiness, blackouts or Epilepsy?			
Had Jaundice, Liver or Kidney disease?			
Ever had HIV, Hepatitis B or Hepatitis C?			
Have Diabetes or does anyone in your family?			
Arthritis, Bone or Joint disease?			
Bruising or persistent bleeding after injury, tooth extraction or surgery?			
Had a bad reaction to a general or local anaesthetic?			
Been hospitalised? If "yes" what for and when?			
Carry a medical warning card?			
Alcohol and Tobacco Use	Yes	No	Number per day
Do you currently or did you smoke tobacco products?			Now In Past
How many units of alcohol do you drink? (A unit = half pint of lager / single measure of spirits / single glass of wine)			Units per week
Are there any other aspects concerning your health or issues that you think the dentist should know about?			

Signature _____

Completed by: Self / Parent / Guardian Date _____