

MEDICAL HISTORY FORM PRIVATE AND CONFIDENTIAL

Title	Name
Date Of Birth	
Address	
Phone (Home/Mobile/Work)	Email Address
Occupation	
Are You Exempt From NHS Charges?	
My Last Dental Examination Was On	
GP Details	
How Did You Hear About Us?	
Next of Kin & Contact Details:	

Have you recently:

	YES	NO	DETAILS
Travelled to Sierra Leone, Liberia, Guinea in the last 2 months? If so what was the purpose of the visit?			
If yes, have you experienced any flu like symptoms or fevers since your return?			

Are You Currently:

	YES	NO	DETAILS
Receiving treatment from a doctor, hospital or clinic?			
Taking any medications, pills or tablets?			
Carrying a warning card?			
Pregnant?			

Do You Suffer From:

	YES	NO	DETAILS
Allergies to any medication, substances (eg latex) or foods			
Hayfever or Eczema			
Bronchitis, asthma, or other chest conditions?			
Fainting attacks, giddiness, blackouts or epilepsy?			
Heart problems, angina, blood pressure or stroke?			
Diabetes or does anyone in the family?			
Arthritis?			
Bruising or persistent bleeding following extractions, surgery or injury?			
Any infectious diseases (including HIV or Hepatitis)?			

Did you as a child or since have you had:

	YES	NO	DETAILS
Rheumatic fever or chorea?			
Liver disease (eg jaundice,hepatitis) or kidney disease?			
Blood refused by the Blood Transfusion Service?			
A bad reaction to a general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in hospital?			
Heart surgery?			
A close relative with Creutzfeldt Jakob Disease?			
How many units of alcohol do you drink per week?			Units per week

