CONTACT DETAILS AND MEDICAL HISTORY FORM - All details are strictly confidential.
Please complete your contact details, answer the health questions and sign and date the form. Thank you.

Mr / Mrs / Miss / Ms /..... First name.....Surname.....

Address.....

Post code.....Date of Birth.....

Occupation.....Doctor's surgery.....

Tel.No.(Home).....Mobile.....

Work No..... Other.....

Can we leave a message on one of the above numbers? **YES / NO**

Can we discuss your appointment details with any member of your family? **YES / NO**

Please tick the boxes that apply to you.

HEART

☐ Pacemaker fitted ☐ High Blood Pressure ☐ Angina ☐ Heart Attack ☐ Heart Surgery

☐ Heart valve replaced ☐ Rheumatic Fever ☐ Heart Murmur ☐ Low Blood Pressure

LUNGS

☐ Asthma ☐ Bronchitis ☐ C.O.P.D. ☐ Emphysema ☐ Tuberculosis (TB)

☐ Pleurisy ☐ Pneumonia ☐ Lung Cancer ☐ Cystic Fibrosis

BLOOD

☐ Excessive bleeding following injury/extractions ☐ Haemophilia ☐ Hepatitis B or C ☐ HIV

☐ Anaemia ☐ Sickle Cell ☐ Leukaemia

ALLERGIES

☐ Penicillin ☐ Latex ☐ Pollen - Hayfever ☐ Nuts ☐ Plasters

☐ Other (give details) .....

OTHER

☐ Arthritis ☐ Diabetes ☐ Epilepsy ☐ Depression ☐ Mental Health Issues

☐ Stroke ☐ Brain Surgery ☐ Parkinsons ☐ Multiple Sclerosis ☐ Other Neurodisability

☐ Artificial Joint ☐ Osteoporosis ☐ Liver Disease ☐ Kidney Disease ☐ Eczema

☐ Cancer - state where ..... ☐ Radiotherapy ☐ Chemotherapy ☐ Alzheimers

☐ Carry a medical warning card ☐ Receiving treatment from doctor, hospital or clinic ☐ Cerebral Palsy

☐ Other (give details) .....

☐ **PREGNANT** ☐ Unable to use stairs ☐ Speech Problems ☐ Registered Blind ☐ Deaf

Please list ANY MEDICATION / TABLETS that you are taking. Continue overleaf if necessary.

☐ Smoked in the past ☐ Chew tobacco, pan, use gutkha or supari -or did

IF YOU SMOKE NOW
How many cigarettes/cigars do you smoke a day? ☐

On average how many units of alcohol do you drink each week? ☐

IF YOU ARE INTERESTED PLEASE ASK ABOUT OUR FREE NHS SMOKING CESSATION SERVICE
For the best dental / oral health we strongly advise that you do not smoke.

The NHS recommends that men shouldn't average more than 3-4 units a day, for women it is 2-3 units. 2 days a week should be alcohol free.

SIGNATURE.....**DATE**.....

Form completed by : Self / Parent / Guardian / Carer / Other.....