

# bloomsbury dental practice

## confidential medical and dental history

title	surname	first name	date of birth	our ref
				mh update
address		telephone(home)	telephone (work)	
		telephone(mobile)	email address	
occupation	how did you first hear about this practice?			

### medical history

please tick box                      Yes      No

do you take or have you taken any prescribed medicines  
in the past 2 years? – particularly steroids, warfarin.

    

please give details \_\_\_\_\_

have you had any operations in the past?

    

if yes please give details \_\_\_\_\_

do you have or have you ever had any of the following?

- |                            |                       |                       |
|----------------------------|-----------------------|-----------------------|
| Rheumatic Fever            | <input type="radio"/> | <input type="radio"/> |
| High Blood Pressure        | <input type="radio"/> | <input type="radio"/> |
| Allergies (e.g Penicillin) | <input type="radio"/> | <input type="radio"/> |
| Epilepsy                   | <input type="radio"/> | <input type="radio"/> |
| Hepatitis                  | <input type="radio"/> | <input type="radio"/> |
| Lung Problems (e.g Asthma) | <input type="radio"/> | <input type="radio"/> |
| Diabetes                   | <input type="radio"/> | <input type="radio"/> |
| HIV/AIDS                   | <input type="radio"/> | <input type="radio"/> |

Do you smoke?

    

if yes how many per day? \_\_\_\_\_

If female is there any chance you may be pregnant?

# dental history

when did you last visit a dentist? \_\_\_\_\_

please tick box

Yes No

are you happy with the appearance of your teeth?

 

would you like to have whiter teeth?

 

do your gums ever bleed?

 

are any of your teeth painful to hot, cold or chewing?

 

do you ever clench your teeth during the day?

 

do you ever grind your teeth at night?

 

does your jaw joint ever click or feel uncomfortable?

 

do you wear a mouthguard for any reason?

 

have you, or your partner, noticed that you snore?

 

do you play any contact sports or those that involve a hard stick?

signature \_\_\_\_\_

date \_\_\_\_\_

please note, failure to give 24 hours notice for a cancelled appointment will incur a charge.