

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

High Blood Pressure

Allergies (e.g Penicillin)

Epilepsy

Hepatitis

Lung Problems (e.g Asthma)

Diabetes

HIV/AIDS

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.