

MEDICAL AND DENTAL HISTORY (V4)	
Date:	DOB:
Title:	Surname:
Address (including Post Code):	
Tel (Home):	Tel (Mobile):
Tel (Work):	E-MAIL:
Occupation:	
Name of GP / Surgery:	
Address of GP / Phone No:	

	Yes	No
Have you suffered from Rheumatic fever?		
Have you suffered from any Heart Complaint / High Blood Pressure / Heart Murmurs? (please circle)		
Have you suffered from Diabetes?		
Have you suffered from Epilepsy?		
Have you suffered from Hepatitis?		
Have you suffered from Chronic Bronchitis or Asthma?		
Have you suffered from Excessive Bleeding?		
Have you suffered from any other Serious Illnesses? (please list below)		
Are you at taking any Medicines/Tablets/Ointments at present? (please list below)		
In last 2 years have you been treated with any form of Steroids? (please list below)		
Are you Pregnant?		
Are you a mother of a child under 12 months?		
Have you had a joint replacement operation or any other operation in the last 2 years?		
Are you HIV Positive?		
Do you have any allergies to any medicines, anaesthetics or latex?		
Do you smoke and if so approximately how many do smoke per day? Cigarettes:		
Do you drink alcohol, and if so approximately how many units do you drink per week? Units:		
Do your gums bleed and/or do you suffer from bad breath?		
Do you have any dental pain or suffer from sensitivity?		
Are you interested in any Cosmetic Dental Treatment including Whitening, Teeth Straightening or Implants?		

Other / Medication:

We would like to contact you with details of other dental services that we provide or introduce, such as additional clinics or introductory treatment offers. In order to do this, we need to ask you for your consent before sending you this type of promotional message. We hope that you will appreciate the benefit of receiving these messages, but should you wish to withhold consent please do not tick. If you do provide consent, you may subsequently withdraw your consent at any time by following the opt-out processes shown on our messages or contacting the practice directly.

Please be aware that other messages you may currently receive from us, such as recalls and appointment reminders, are not considered promotional activity and are therefore excluded from being covered by this request for consent. Should you wish to stop receiving these messages then you will need to express your desire to opt-out directly to our reception staff.

We might need to pass your details to trusted third-party communication companies who will deliver these messages to you. Your details will be used solely for delivering this message. We do not pass your details on to other parties for unsolicited marketing purposes. Should you wish to know further details of the third parties involved please refer to the practice's privacy policy.

I consent for my details to be used for the purposes outlined above:

I have answered all the Medical Questions above accurately and to the best of my knowledge.

Signature _____