St George's Dental Practice
19-21 St George's Street
Chorley, Lancashire, PR7 2AA
T: 01257 262545
F: 01257 261004
E : info@ stgeorgesdentalpractice.co.uk

Confidential Medical History Form

St. George's Dental Practice

We ask you for information about your general health to help us treat you safely. Please write your contact details below, answer the health questions on both pages and then sign the form on the back page. You must inform your dentist of any medical changes at each visit. All information will be kept strictly confidential by the people providing your care.

Title :	Surname :	Forename (s) :
Address :		
Postcode :	DOB :	Sex (M/F) :
Telephone number (home) :		NI Number :
Telephone Number (work) :		Ethnicity :
Mobile Number :		Occupation :
Email :		
School Attended (child patients only) :		
GP Name :		Telephone :
GP's Address :		
Emergency Contact Name :		Telephone :
Relationship to you :		

Are you currently:-	**Yes / No**	**Please give details**
Receiving any treatment from a doctor, hospital, clinic or specialist?		
Taking any prescribed medicines (eg tablets, oinments, injections or inhalers , including contraceptives, steroids and hormone replacement therapy)?		
Carrying a medical warning card?		
Pregnant or possibly pregnant?		

Have you ever had or do you suffer from:-	**Yes / No**	**Please give details**
Allergies to medicines (eg penicillin), substances (eg latex/rubber) or foods?		
Hayfever or eczema?		Please State :
Broncitis, asthma or other chest condition?		

Please turn over the page and complete the questions on page two, then sign the form and hand it to your treating Dentist in surgery.

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Have you ever had or do you suffer from:-	**Yes / No**	**Please give details**
Any form of surgery (eg heart surgery)?		Please State :
Heart problems, angina, thrombosis, rheumatic fever, blood pressure problems, or stroke?		Please State :
Bruising or persistent bleeding following injury, tooth extraction or surgery?		
A pacemaker?		
Your blood refused by the Blood Transfusion Service?		
A blood disorder (eg anaemia)?		
Diabetes (or does anyone in your family)?		Type 1 : Type 2 :
Liver disease (eg jaundice, hepatitis) or kidney disease?		
Bone or joint disease (eg osteoporosis or arthritis)?		
Epilepsy, fainting, giddiness or blackouts?		Please State :
Any other serious illness (eg cancer) or infectious disease?		
A bad reaction to general or local anaesthetic?		
Treatment that required you to be admitted to hospital?		
An artificial joint?		
Coldsores?		

Alcohol	**Yes/No**	
Do you drink alcohol?		How many units per week? (a unit is half a pint of lager, a single measure of spirits or a single glass of wine) _____Units

Smoking	**Yes**	**No**	**In the past**	
Do you smoke any tobacco products now (or have you in the past)?				_____times per day
Do you chew tobacco, paan, use gutkha or supari now (or have you in the past)?				_____times per day

Please note any other details which your dentist might need to know, such as self prescribed medicines (e.g. aspirin) or any disabilities.

Completed by (please tick) : **Self** **Parent** **Guardian**

New Patients:
Why have you chosen St George's Dental Practice for your care?

Patient Signature_____ Date_____

Dentist Signature_____ Date_____