

To obtain the best and safest treatment, your Dentist needs to know of any problems which may affect your treatment. Please complete as much as possible. If you are unsure of any answers, please discuss with your Dentist

Please provide details in spaces below:

	Yes	No	If yes, please specify;
Are you attending or receiving treatment from a Doctor, Hospital or Specialist?			
Have you had Rheumatic fever?			
Have you been told you have a heart problem? Angina, High Blood Pressure or Heart Murmur?			
Do you have a pacemaker, or have you had any form of heart surgery?			
Do you suffer from Bronchitis, asthma or other chest conditions?			
Do you have Diabetes?			
Have you had Jaundice, Hepatitis or any other Liver or Kidney Disease?			
Do you bruise easily or have you suffered from excessive bleeding following an injury or any form of surgery or tooth extraction?			
Have you suffered any complications during or after a tooth extraction; e.g. difficult tooth extraction or infection?			
Do you suffer from fainting attacks, blackouts or epilepsy?			
Do you suffer from any allergies to medicines, food or materials?			
Have you had a bad reaction to general or local anaesthetic?			
Are you pregnant?			
Are you taking or have you taken steroids in the last 2 years?			
Are there any aspects concerning your health that you think your dentist should know about?			
Are you taking any medicines prescribed by your doctor or of your own accord? Please give details;			
Do you smoke?			How many per day?
How many units of alcohol do you consume per week?			

Name.....Date of Birth.....

Completed by: Self/Parent/ Guardian Signature.....Date.....