

Latchford and Latchford

Specialist Dental Surgeons

CONFIDENTIAL MEDICAL HISTORY FORM

Title:	Surname:	First name:
Address:		
		Post code:
Tel day:		Mobile:
Tel night:		E-mail:
Date of Birth:		Occupation:
Name and Address of Doctor:		
Dentist:		Last dental treatment:
Whom may we thank for the recommendation to our practice:		

Are you

Y N

Please give details

Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	
Taking any medicines?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any infection or disease including HIV and Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you

Any allergies to medicines and materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Hayfever or eczema?	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis, asthma or chest condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Heart problems including angina, blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes (or does anyone in the family)?	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>	
Bruising or persistent bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke?	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting, giddiness, epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>	
Liver disease (including jaundice and hepatitis)?	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Been hospitalised?	<input type="checkbox"/>	<input type="checkbox"/>	
Bad reaction to anaesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	
Smoked?	<input type="checkbox"/>	<input type="checkbox"/>	
Any other condition we should know about?	<input type="checkbox"/>	<input type="checkbox"/>	

Completed by: Patient/Guardian. Signature:.....

Date:.....