

Hamworthy Dental Practice Medical Questionnaire

All information strictly confidential

Name Title DoB

Address

.....

Post code

Tel no. (Home) (work) (Mob)

Email address

Occupation..... Ethnicity

GP Name.....

GP address

Are you?	Yes	No	Details
Attending or receiving treatment from a doctor, hospital or clinic?			
An expectant or nursing mother?			
Taking any medication? e.g. aspirin List details:			
Taking any medication for bones?			
Receiving blood transfusion services or have you ever had a blood transfusion?			
Carrying a medical warning card?			
Allergic to medicines, foods, materials? e.g. Penicillin, Latex			
Aware of any other illnesses?			

Completed by: self parent guardian Signature Date.....

Hamworthy Dental Practice Medical Questionnaire

Have you?	Yes	No	Details
Had rheumatic fever?			
Had jaundice, liver, kidney disease or hepatitis?			
Been told you have a heart murmur, angina, blood pressure, heart attack?			
Had a bad reaction to general or local anaesthetic?			
Had a joint replacement?			
Been hospitalised? What for and when?			
Had brain surgery pre 1992?			
Had growth hormone treatment pre 1982?			
Do you?	Yes	No	Details
Have arthritis?			
Have a pacemaker, artificial valves or have you had any heart surgery?			
Have high blood pressure?			
Bruise/have prolonged bleeding? e.g. following tooth extraction			
Suffer from hayfever, eczema or asthma?			
Have fainting attacks, giddiness or epilepsy?			
Have diabetes?			
Have Creutzfeldt-Jakob disease?			
Have bronchitis, asthma, COPD?			
Smoke cigarettes? If yes, how many/day?			
Drink alcohol? If yes, how many units/week? 1 unit = 1/2 pint beer/ 1 small glass of wine			
Are you H.I.V positive?			