

Medical History

Title: Forenames: Surname:

Address (**inc Postcode**).....

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Date of Birth:

Home Telephone No: Mobile:

(If you do not provide a contact number we will rely on you calling us for an appointment)

Email address: (please provide if you are happy for us to contact you by email, including promotional offers)

Occupation:

Next of Kin contact details:

Doctors Name & Address:

Doctors Tel:

Do you have any Dental problems at present? Please specify.....

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Are you currently	YES	NO	Give Details
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed Medicines? (E.g. tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant or possibly pregnant?			
Have you ever suffered from	YES	NO	Give Details
Allergies to medicines e.g. Penicillin or substance e.g. Latex/rubber or foods?			
Bronchitis, asthma or other chest condition?			
Blackouts, giddiness, fainting attacks or epilepsy?			
Diabetes (or anyone in your family)?			
Heart problems, angina, stroke or blood pressure problems?			
Bone or joint disease?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Any other serious illness or infectious disease?			
Treatment that required you to be in hospital?			
Rheumatic fever or chorea?			
Please turn page			

Cold sores (Herpes Simplex)?			
A bad reaction to general or local anaesthetic?			
Blood refused by the Blood Transfusion Service?			
Heart Surgery?			
Alcohol			
How many units of alcohol do you drink per week? (A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif)	----- units per week		
Tobacco use			
	YES	NO	IN PAST
Do you smoke any tobacco products, now or in the past? (or did in the past)?			----- times per day
Do you chew tobacco, pan, use gutkha or supari now (or did in the past)?			----- times per day

Are there any other relevant details you think the dentist should know, such as self-prescribed medicines (e.g. aspirin) or any disabilities you may have?

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MISSED APPOINTMENTS

Quay Health reserves the right to refuse to rebook appointments that have been missed or a minimum of 24 hours notice was not given prior to cancellation.

Hygiene appointments or late cancellations are charged at full rate, non NHS dental appointments are charged at £15 per 15 minutes.

PAYMENT TERMS

All treatment must be paid for on the day it is received or in advance.
Quay Health can offer interest free credit, please ask reception.

By signing this form I acknowledge that the information herein is accurate to the best of my knowledge.

Completed by (please tick) self parent guardian

Patient's Signature: Date:

Dentist's Signature: Date:

PROOF OF ADDRESS IS REQUIRED PRIOR TO RECEIVING AN APPOINTMENT.

Quay Health Ltd
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