

**This section to be completed by reception:**

Dentist:	Appointment Date:	Claiming:	Serial number:
Where did you hear about our practice?    Website    Radio    Family/Friends Are you currently experiencing any dental problems? When did you have your last dental examination? What made you to decide to choose us?			
<b>Confidential Medical History form I confirm that my details are correct and I would prefer to be contacted by this Dental Centre by the following method (please tick preferred method of contact).</b> Telephone                      Email                      Text message                      Letter Please answer all questions as accurately as possible.			
<b>HEIGHT:</b>		<b>WEIGHT:</b>	
<b>Title (Mr, Mrs etc)</b>		<b>Occupation</b>	
<b>Surname</b>		<b>Telephone home</b>	
<b>First name</b>		<b>Telephone mobile</b>	
<b>Date of birth</b>		<b>Email Address</b>	
<b>Sex</b>		<b>ADDRESS:</b>	
<b>DOCTOR'S NAME:</b>			
<b>Address:</b>			
<b>How long have you resided in United Kingdom?</b>		years	months
<b>National Insurance Number</b>			
<b>ARE YOU, HAVE YOU OR DO YOU:</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS:</b>
1. Attending or receiving treatment from a doctor, hospital, clinic or specialist?			
2. Taking any medicines or tablets (including creams/ointments)? <b>Please give details overleaf</b>			
3. Being treated or have been treated with steroids in the past 2 years?			
4. Allergies including medications			
5. Pregnant?			
6. Had rheumatic fever?			
7a. Ever suffered from jaundice			
7b. Ever suffered from Hepatitis			
8. Do you have a heart complaint or pace maker?			
9. Ever had your blood refused by the Blood Transfusion Service?			
10a. Ever had a bad reaction to a general anaesthetic?			
10b. Ever had a bad reaction to a local anaesthetic?			
11. Ever had an orthopaedic joint replacement operation?			
12. Bleed excessively from cuts or if you have a tooth extracted?			
13. Suffer from bronchitis, asthma or any other chest condition? <b>Please provide details</b>			
14. Suffer from diabetes? <b>Please state type</b>			
15. Have blood pressure problems? <b>Low or High BP</b>			
16. Suffer from epilepsy?			
17. Do you or did you smoke?			
18. Alcohol intake:	<b>UNITS PER DAY:</b>		
<b>Cont'd overleaf</b>			

Is there any other relevant information the dentist needs to be aware of?

If I am unable to speak/receive a message/read any correspondence I authorise the Practice to leave a message on this telephone number:

or

Communicate with my husband/wife/parent/carer

Please give name:

Relationship:

**Permitted use of personal data:**

**I do not permit Denteam Dental Centre to use my personal data for any other purpose**

**other than my care and treatment:**

Completed by self/parent/guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We will keep your records safe this practice complies with the (DATA Protection Act 1998) and the

General Data Protection Regulation (GDPR) 2018, this means that we will ensure that your information is processed

fairly and lawfully.

We need to keep accurate personal data about patients in order to provide you with safe and appropriate dental care.

We also need to process data about you if we are providing care under NHS arrangements and to ensure the proper management and administration of the NHS.

**Please list your current medication:**