Bush Park Dental

Confidential dental and medical history form

This questionnaire will form part of your confidential records.

Please do not hesitate to ask us if you have any questions. This form will be updated regularly at your Dental Health Reviews.

Title	Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other	Date of birth	sex M ☐ F ☐
Forenames		Surname	
Address			
		Postcode	
Tel no. (home)		Tel no. (work)	
Mobile		Email please print in block capitals	
Occupation		Previous occupation (if retired/unemployed)	
Doctor's name and address			
Previous dentist's name and address			
Date of last dental visit			

If your prefer to speak in confidence to your dentist instead of writing down details, please tick this box Y ☐ N ☐

How did you hear about our practice?	

Dental History	yes	no	details
Do you smoke if so how many per day			
Do you drink if so how many units per week			
Do you chew tobacco or other similar substances			
Do you have any marks, discolouration or lumps in the mouth or lips			
Do you suffer from ulcers or cold sores			
Do your gums bleed or are any teeth loose			
Are you having any pain or discomfort			
Can you chew your food without discomfort			
Do you grind your teeth			
Are you happy with the appearance of your teeth			

Would you like information on:	yes
Orthodontics (straightening teeth) for adults or children?	
"White" fillings for back teeth?	
Cosmetic dentistry?	
Tooth whitening?	
High quality dentures?	
Implants?	
Treatment for nervous patients?	
Dental hygiene?	

Expectant mother	Y ☐ N ☐	Taking Contraceptive pill	Y ☐ N ☐	Taking HRT	Y ☐ N ☐

Please complete overleaf

Previous Medical Conditions and Treatment, you have had:	yes	no	details
Jaundice (hepatitis) or other liver disease			
Asthma, eczema or other allergic disease			
Rheumatic fever or Chorea (St Vitus Dance)			
Any blood borne diseases			
Any heart conditions such as angina, murmur and valve problems			
A stroke or blood pressure problems			
Any neurological conditions such as Bell's Palsy or MS			
An allergic reaction to substances or drugs such as foods, latex or antibiotics			
Any recent vaccinations			
Steroids within the last two years			
A valve replacement, joint replacement or implant			
An operation or surgical treatment			
A general anaesthetic or sedation			
A period as an in-patient at a hospital			
Any other diseases, illnesses or treatments			

Current Medical Status	yes	no	details
Are you currently seeing a doctor or attending a clinic			
Do you carry a warning card			
Are you taking any pills, medicines or tablets			
Are you using any other form of medication/ointment or inhaler			
Are you using any complimentary therapies or supplements			
Do you suffer from fainting attacks			
Do you bleed or bruise easily			
Do you or a member of your family have diabetes or epilepsy			
Do you have any other diseases or medical conditions			

If there is any change in your medical status, please inform the dentist at the following visit.

Bushy Park Dental is a private practice, by signing below I agree to pay for dental treatment.

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

Changes Y/N	Signature	Date	Changes Y/N	Signature	Date
1.			4.		
2.			5.		
3.			6.		

Notes