# Confidential Medical History Questionnaire

diamonddentalclinic
MAKING TOP QUALITY DENTISTRY AFFORDABLE

Welcome to Diamond Dental Clinic

In order to help us meet all of your dental health care needs, please complete the following Medical History Form. Please ask a member of our team if you need any assistance or have any problems

## Personal Details

Title: Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other ☐ Sex: Male ☐ Female ☐

| Full Name: | D.O.B | Home Tel. |
|---|---|---|
| | | |
| **E-mail Address** | **Occupation** | **Mobile Tel.** |
| | | |
| **Address** | **Post Code** | **Work Tel** |
| | | |
| | **Approx. date of last dental visit?** | |
| | | |

## G.P Details

| Name and Address | Contact Tel. |
|---|---|
| | |

## Medical History - Do you Have or Have you Had any of the following?

| | YES | NO |
|---|---|---|
| Are you currently receiving Treatment from a Doctor, Hospital or Clinic? | | |
| Rheumatic Fever? | | |
| Any Heart Complaint, including a Heart Murmur? | | |
| Liver/Kidney Problems (Hepatitis/Jaundice)? | | |
| Diabetes (Or any family member)? | | |
| Epilepsy, Blackouts or Fainting? | | |
| Chronic Bronchitis, Asthma or other Chest Problems? | | |
| Excessive Bleeding? | | |
| High Blood Pressure? | | |
| Arthritis or Osteoporosis? | | |
| Any Allergies to any Medicines e.g. Penicillin, Latex or foods? | | |
| Have you suffered a bad reaction to local Anaesthetic? | | |
| Do you smoke? | | |
| Average units of Alcohol per week? 1 unit = 1 glass wine/spirit ; 2 units = pint of beer/cider | | |
| **Women Only** | | |
| Are you pregnant? | | |
| Are you taking the Contraceptive Pill? | | |

How would you prefer to receive correspondence from Diamond Dental Clinic?

Phone call: ☐ Text: ☐ E-mail: ☐ Post: ☐

**PTO ➡**

List of Prescribed Medication

| Medication Name | Dose & no. of times per day? | What condition? |
|---|---|---|
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Have you any concerns about your smile?

Is there a particular Treatment you would like to discuss?

How did you hear about us?

Family/Friend ☐ Our Website ☐ Advert ☐ Dental Phobia Website ☐ Other ☐

Would you be interested in any of the following?

Botox/Fillers ☐ Tooth Whitening ☐ Snore-Guard Devices ☐ Payment Plan ☐

Please note, there will be a charge for any appointments that you fail to attend, or cancel with less than 24hrs notice.

Sign below to certify that you have read and understood the above information and that all of your answers are accurate and up-to-date. Any incorrect information can be dangerous to your health and you must inform us of any changes.

Signature: ..... Date: .....