Mortiboys Dental Spa

Medical History Update

Patient Information (PLEASE COMPLETE IN BLOCK CAPITALS)

Title:_____ Full Name: _____ D.O.B. | | | | | | |

Address: _____

_____

_____ Postcode: _____

Email: _____

Contact telephone numbers

Home: _____ Mobile: _____ Work: _____

Occupation: _____

Dentist's Signature: _____ Date | | | | | | |

Medical Updates

	✓YES	✓NO	COMMENTS
Are you receiving any form of treatment from a doctor, hospital or clinic specialist?			
Please list any medications you are taking at the moment:			
Are you taking or have you taken steroids in the last 2 years?			
Are you allergic to any medicine, food or materials (e.g. latex) or suffer from hayfever?			
Do you carry a warning card?			
Are you pregnant or a nursing mother?			

Please circle any of the following that you have ever been diagnosed with or suffer from:

- HIV
- Rheumatic fever
- Heart condition
- Heart murmur
- High blood pressure (or fitted with a pacemaker)
- Blood disorder
- Excessive bleeding/bruising
- Bronchitis, asthma or other chest condition
- Fainting attacks
- Giddiness
- Blackouts
- Epilepsy
- Diabetes
- Jaundice
- Liver disease
- Kidney disease
- Hepatitis

Have you ever had a stroke?			
Have you ever had a joint replacement or other implant?			
Have you ever had a bad reaction to local or general anaesthetic?			
Are there any other aspects, concerning your health that your dentist should know about?			
On average, how much of the following do you consume?	Cigarettes (per day)_____ Alcohol (units per week)_____		
Other Comments			

Patient's Signature
Please sign here:

Date: | | | | | | |