

BALHAM DENTAL CARE Confidential Registration & Medical History

Surname	
Forenames	Title
Date of birth	Email address
Address	
Tel (home)	Mobile/work
Doctors name and address	
NHS number	

Person to contact in case of emergency	
Name	
Tel(home)	Mobile/work

Legal Guardian	Relationship to child
Surname	Forename
Address	
Contact number	
Any other legal guardian	
Name	Contact number

Why did you leave your previous Dentist?.....

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Your General Health

Are you fit and well? YES/ NO
 Are you registered disabled YES/ NO
 Date of last check up

Risk factors for gum disease or oral cancer

Do you smoke YES/ NOper week
 Do you drink alcohol YES/ NOper week

Are you or do you have?	Yes	No	Please give details
Pregnant			
Taking <u>any</u> medication including self-prescribed remedies			
Received steroid therapy in the last 2 years?			
Diabetic?			
Asthma or any breathing difficulties			
Allergic to any medicine, metals, food or latex?			
Hepatitis A, B or C or HIV or Aids			
Been in Hospital in the last 3 years? or had a general anaesthetic?			
Any adverse reactions to local or general anaesthetics?			
Had prolonged bleeding following tooth extraction, or bruise easily?			
Epilepsy or experienced fainting attacks?			
Heart condition, angina, high blood pressure, arrhythmia or pacemaker?			
Suffer from digestive problems, eating disorders or gastric reflux?			
History of Dura Matter Graft or Hormones therapy before 1992?			
Undergone Radiotherapy? Site?			
Creutzfeldt-Jakob disease in the family			
History of mental illness?			
Attend or receive any treatment from a Doctor/Hospital/Clinic?			
Carry a warning card?			

Update: Patient's signature	Date	Date
Dentist's Signature		

Form completed by: Self / Parent / Guardian **(please circle)**

Signature: Date.....