WELLINGTON DENTAL PRACTICE

CONFIDENTIAL **MEDICAL HISTORY**

PATIENT DETAILS

Gender	
Title	
First Name	
Surname	
D.O.B.	
Address	
Postcode	

Email Address	
Home Telephone	
Mobile Telephone	
Work Telephone	
Occupation	
Ethnicity	

Doctor's Name	
Medical Surgery Address	
Telephone	

Emergency Contact	
Name	
Relationship	
Telephone number	

MEDICAL HISTORY (PLEASE PROVIDE / ATTACH DETAILS OF ANY MEDICAL CONDITIONS AND MEDICATION)

Heart	☐ Rheumatic Fever	☐ High Blood Pressure	☐ Heart Surgery	☐ Pacemaker Fitted	☐ Heart mummer	☐ Angina	☐ Thrombosis
Other Heart Conditions / Further Details							
Chest	☐ Bronchitis	☐ Emphysema	☐ Pneumonia	☐ Chest Surgery	☐ Cystic Fibrosis	☐ Pleurisy	
Other Chest Conditions / Further Details							
Blood	☐ Bleeding	☐ Hepatitis B	☐ H.I.V.	☐ Anaemia	☐ Sickle Cell	☐ Haemophilia	
Other Blood Conditions / Further Details							
Other	☐ Serious Childhood Illness	☐ Diabetes	☐ Liver Disease	☐ Kidney Disease	☐ Epilepsy	☐ Cancer	☐ General Anaesthetic Experience	☐ Hiatus Hernia
Allergies	☐ Penicillin	☐ Hay- Fever	☐ Anti-Tetnus Serum	☐ Eczema	☐ Aspirin	☐ Asthmatic	☐ Latex	
Other Conditions or Allergies							

MEDICATION LIST

Do you smoke?	☐ Y	☐ N	How many per day? How long have you been smoking?	
Do you drink alcohol?	☐ Y	☐ N	How many units per week?	
Are you Pregnant?	☐ Y	☐ N	What is your due date?	

Signature	
Todays Date	

Wellington Dental Practice I 47 High Street I Somerset I TA21 8QY

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SOMERSET IMPLANT CENTRE