

White House Dental
Confidential Medical History

Please check contact details listed below are correct:

Patient Name:

Address:

Tel: (H) (W) (M)

Email:

D.O.B

Dr's name:

Dr's Tel (if known):

Answers to the following questions are confidential and will become part of your dental records.

(please circle as appropriate Y=Yes, N= No, DNU = Do not understand)

Do you have or have you suffered from any?

- | | | | |
|---|---|---|-----|
| • Heart Disease / Heart Attack / Heart Murmur | Y | N | DNU |
| • Heart Surgery | Y | N | DNU |
| • High Blood Pressure | Y | N | DNU |
| • Lung or Breathing Disorder | Y | N | DNU |
| • Liver Problems e.g. Hepatitis | Y | N | DNU |
| • Kidney Disorders | Y | N | DNU |
| • Diabetes | Y | N | DNU |
| • Epilepsy | Y | N | DNU |
| • Allergies e.g. Penicillin | Y | N | DNU |
| • Recent Prosthetic Joints (within last 6 months) | Y | N | DNU |
| • Brain Surgery / Stroke | Y | N | DNU |
| • Tuberculosis | Y | N | DNU |
| • Bleeding Disorders | Y | N | DNU |
| • Had Growth Hormone treatment before mid 1980 | Y | N | DNU |
| • Have you ever had radiation or surgical treatment for a tumour growth | Y | N | DNU |
| • Or any other condition around your head, lips, mouth | Y | N | DNU |
| • Do you or have you ever smoked (Number / day if yes) | Y | N | DNU |
| • Are you currently receiving any treatment | Y | N | DNU |
| • Are you currently taking any medication | Y | N | DNU |

If you have answered Yes to any of the above questions please detail:

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Is there any other medical condition / information that has not been covered and you feel may be pertinent?

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This is to certify that the information above is a true representation of my health status as of today:

Patient signature:..... Date// 2014