Longfellow Road Dental

Medical History

You will be asked to complete one of these forms every six months to help us maintain up to date records on your file

Surname (Mr. Mrs. Miss.Ms) .....Forename(s) .....

Date of Birth ..... Preferred method of Contact:- sms ☐ email ☐ letter ☐

Address ..... Postcode .....

Tel. No. (Home) ..... Mobile .....

Next of Kin ..... Contact .....

School / College (if applicable) ..... Occupation .....

Email Address ..... NHS No. .....

Ethnic Origin ..... Religion ..... First Language .....

Have you suffered from?	Yes	No
Rheumatic fever?	☐	☐
Any heart Complaint? (Including heart murmer)	☐	☐
Diabetes?	☐	☐
Epilepsy?	☐	☐
Chronic bronchitis or asthma?	☐	☐
Hepatitis?	☐	☐
Excessive bleeding?	☐	☐
High blood pressure?	☐	☐
Any other serious illnesses?	☐	☐
Do you have any allergies?	☐	☐
Are you at present taking any medicines or tablets? **(If so please record in notes)**	☐	☐
In the past two years have you been treated with either hydro-cortisone or corticosteroids? **(If so please record in notes)**	☐	☐

(Please tick boxes)	Yes	No
Do you smoke ?	☐	☐
How many cigarettes per day ?	☐	
Please state on average how many Alcohol units you drink per week	☐	
Do you have a high acid or sugar intake ? (consuming a high amount of carbonated drinks, fruit juices, citric fruits or sweets)	☐	☐
Frequency of sugar intake		
low ☐ moderate ☐ high ☐		
Are you pregnant?	☐	☐
Are you the mother of a child under 12 months old?	☐	☐
Do you have any kind of infectious disease ?	☐	☐
Have you undergone any operation in the last 2 years?	☐	☐
Have you had a joint replacement operation ?	☐	☐

Name and address of your doctor:

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Notes/ Medication (please list overleaf if necessary)

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Please tick any of the following treatment options you would like to discuss

Cosmetic Treatment ☐ Sedation ☐

Privacy Policy Consent

From time to time we would like to contact you with details of other dental services available to you at our practice. To do this we need to ask for your consent. If you do provide your consent by signing this form at the bottom, you may withdraw your consent at anytime simply by letting the practice know. Please be aware that other messages you may currently receive from us, such as recalls and appointment reminders are not considered promotional activity and are therefore excluded from being covered by this request for consent. It may arise that occasionally we may have to pass your details on to trusted third-party communication companies who will deliver these messages to you. We do not pass your details on to other parties for unsolicited marketing purposes. Should you wish to know further details on parties involved please refer to our practice privacy policy.

Please tick if you prefer to opt out ☐

I consent for my details to be used for the purposes outlined above :

Name ..... Signed ..... Date .....