Completed by (Please tick) Self ☐ Parent ☐ Guardian ☐

Patient's signature …… Dentist ……..……..

(*Name if not self*) ……..…… Dentist's signature…….

Date …….. Date ……..

MEDICAL HISTORY UPDATE

Please check that the health information on this form is still correct (including information on smoking and drinking). If not, amend as necessary or note any changes below.

Date	No change	List any changes below	Patient's initials

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Confidential Medical History Form
Yarde House Dental Practice
1 Staplegrove Road, Taunton, Somerset, TA1 1DB

Yarde House DENTAL PRACTICE

We ask for information about your general health to help us treat you safely. Please write your contact details below, answer the health questions inside and then sign the form on the back page. We will use this form at later visits to discuss any change in your general health. All information will be kept strictly confidential by the people caring for you.

Surname……

First Names……

Title…… ☐ Male ☐ Female

Date of Birth……

Address……

……

……

……Post Code……

Telephone (Home)…… Work……...

Email……

Occupation ……..

Doctor's Name and Address……

……..

……..

……..

……..……

Doctor's Telephone …….