

Are you currently..	YES	NO	Give details
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines (eg tablets, ointments, injections, including contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant?			

Do you suffer from..

Allergies to any medicines (eg penicillin), substances (eg latex/rubber) or foods?			
Hay fever or eczema?			
Bronchitis, asthma or other chest Conditions?			
Fainting attacks, blackouts, giddiness or epilepsy?			
Heart problems, angina, blood pressure problems or stroke?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV and hepatitis)?			

Did you, as a child or since, have....

Rheumatic fever or chorea?			
Liver disease (eg jaundice, hepatitis) or kidney disease?			

Did you, as a child or since, have..	YES	NO	Give details
Blood refused by the Blood Transfusion Service?			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in hospital?			
Heart surgery?			

Drinking

How many units of alcohol do you drink per week?

(A unit is half a pint of beer, a single measure of spirits or a single glass of wine)

Smoking and chewing

In the past

Do you smoke any tobacco products now (or did you in the past)? Please indicate how many times per day			
Do you chew tobacco, pan use gutkha or supari now (or did you in the past)? Please indicate how many times per day			

Please give details which your dentist might need to know about such as self-prescribed medicines (eg aspirin) or any other serious illnesses