



EST. 1946

Western Road
DENTAL PRACTICE
www.romford-dental.co.uk

CONFIDENTIAL MEDICAL HISTORY FORM

Patient's preferred method of contact:

Phonecall

Text message

Title Surname Name

Address

Postcode Telephone Mobile

Email Occupation Date Of Birth DD/MM/YY

Last Dental Treatment

Gp Details

No. Of Dependants (<18s, Eligible For Free Treatment)

Do you Have Dental Insurance? Yes No

Do You Know Denplan? Yes No

Do You Have a NUS Card? Yes No

DENTAL	YES	NO	IF YES, GIVE DETAILS
Do you have toothache? Since when?			
Bleeding gums or loose teeth?			
Any missing fillings or cracked crowns?			
Any missing teeth that need replacing?			
Do you grind or clench your teeth?			
Any clicks/ noises when you open your mouth?			
Do you use fluoride toothpaste twice daily? Floss?			
Do you play any contact sports?			
Would you like your teeth to be straighter?			
Would you like your teeth to be whiter?			

MEDICAL	YES	NO	IF YES, GIVE DETAILS
Are you receiving treatment from a doctor, hospital or specialist?			
Are you taking any medicines, tablets, drugs, injections, inhalers or creams? Daily aspirin?			
Have you taken steroids in the last 2 years?			
Are you allergic to penicillin or other medicines?			
Are you pregnant or nursing mother?			
Are you HIV positive?			
Have you ever had jaundice, hepatitis, liver or kidney disease?			
Heart problems, murmurs, rheumatic fever, angina or high blood pressure?			
Do you have a pacemaker or have you had heart surgery?			

Asthma, bronchitis, chest conditions?			
Epilepsy, giddiness, fainting or blackouts?			
Diabetes? Any diabetic relatives?			
Any warning card? Warfarin?			
Arthritis? Skin disease?			
Brain surgery, growth hormone before the mid 1980's or CJD in the family?			
Have you ever been refused a blood transfusion?			
Joint replacements or implants?			
Do you bruise easily?			
Do you smoke/ chew tobacco? How many cigarettes per week?			
Do you drink alcohol? How many units per week?			
Have you ever had a bad reaction to any anaesthetic?			

TREATMENTS Part 1		
Are you interested in	YES	NO
General Dentistry?		
FREE Treatment for Children (<18s only).		
Hygienist Services?		
Cosmetic Dentistry?		
Sedation?		
Whitening?		

TREATMENTS Part 2		
Are you interested in	YES	NO
Implants or Braces?		
Facial Rejuvenation?		
Chiroprody?		
Snoring devices?		
FINANCE payments?		
DENPLAN payment plan?		

WHERE DID YOU HEAR FROM US? Please tick one or more.

- | | | |
|---|--|--|
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Convenient from work/home | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Google Maps | <input type="checkbox"/> Advertising | <input type="checkbox"/> Other _____ |

Please Sign and Date (Patient)

DD/MM/YY
Signature

Thanks For Your Time.
Romford-Dental.co.uk
FREE Car Park Available Off Junction Road