

Cygnets Dental Surgery

Confidential Medical History Form

Please complete the following set of questions about your general health which will help us to treat you safely and offer you the best care. If you do have any questions, please feel free to discuss these with your dentist.

Your information will always be kept in the strictest confidence.

PLEASE COMPLETE IN BLOCK CAPITALS

Title Male Female

First Name Address

Surname

Date of Birth Post code

Tel Home Mobile

Email Occupation/school

Doctors Name and Address

Doctors Tel:

Please indicate YES/NO to the following:

Yes/No

Are you Pregnant?		
Have you ever had Rheumatic fever?		
Do you have any heart complaints, had heart surgery or had a stroke?		
Are you Diabetic?		
Do you have Epilepsy or fainting attacks?		
Do you have Chronic Bronchitis or Asthma?		
Do you have Hepatitis? HIV?		
Do you bleed excessively?		
Do you have high blood pressure?		
Do you have any other serious illnesses?		
Do you carry a medical warning card?		
Are you allergic to any medicines, tablets, substances, latex or other?		
Are you at present taking any medicine or tablets? Please list at bottom		
In the past two years have you undergone any operations?		
Have you been treated with any hydrocortisone or corticosteroids?		
List any medication you are taking here:		

What is your average weekly unit of alcohol consumption? _____

If you smoke, what is your average per week? _____

Dental Health Check Questionnaire. For :

1. Would you like your dentist to discuss the cosmetic treatment (probably private options for you)
Yes (cosmetic options) No (Just NHS please)

2. Do your gums bleed when you brush? Yes (ask about the hygienist) No

3. Do you like the way your teeth look? Yes (there are affordable options) No
Explain: _____

4. Are you happy with the colour of your teeth? Yes No
Explain: _____

5. Would you like your teeth to be whiter? Yes No
Explain: _____

6. Would you like your teeth to be straighter? Yes No
Explain: _____

7. Do you have missing teeth that you would like to replace? Yes No
If so where? _____

8. Would you like your teeth to be longer? Yes No
If so, Upper _____ Lower _____ Both _____?

9. Do you like the shape of your teeth? Yes No
Explain: _____

10. Do you have old silver fillings that you would like changed for tooth coloured fillings? For back teeth we normally offer only metal fillings on the NHS, white fillings are cosmetic so they are seen as a private treatment.
Yes No Explain: _____

11. Have you ever considered wrinkle reduction treatment / dermal fillers Yes No
Explain: _____

12. If you could change anything about your smile, what would you change?

13. If you have dentures/missing teeth have you considered dental implants? We have a specialist that provides implants, would you like to discuss this? Yes No

14. Why did you choose us?
