

# Barley Mow Dental Care Confidential Medical History

Pt Name:

LIFESTYLE			
Smoker?		High sugar/frequency	
<i>-per day</i>		Lots of fizzy/acid drinks	
Alcohol intake ?		Recreational drugs	
<i>-per week</i>		Pregnant or possibly pregnant?	
<b>DETAILS</b>			

HEART			
Rheumatic fever		Heart murmur	
High/low blood pressure		Angina	
Heart surgery		Thrombosis or AF?	
Pacemaker or cardioverter fitted?		Other heart conditions	

<b>DETAILS</b>			

BLOOD			
Hepatitis A,B,C,D		Anaemia	
HIV/AIDS		Sickle Cell	
Abnormal blood test		Haemophilia	
Blood refused by blood service		Other	

<b>DETAILS</b>			

ALLERGIES			
Penicillin		Latex	
Hay fever		Medicines	
Aspirin		Foods	
Anti-tetanus serum		Plants	
Excema		Foods	
Gen anaesthetic		Aspirin	
Local anaesthetic		Other allergies	

<b>DETAILS</b>			

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WARNINGS			
Serious Hearing/sight impairment		Do not recline	
Antibiotic cover required		Steroids within last 2 years	
Bruising/persistent bleeding		Treatment requiring hospitalization	
Currently under treatment		Warning Card	
<b>DETAILS</b>			
CHEST			
Bronchitis		Emphysema	
Cystic fibrosis		Pneumonia	
Pleurisy		Chest surgery	
Asthmatic		Other chest conditions	
<b>DETAILS</b>			
MEDICATIONS			
OTHER			
Liver disease		Kidney disease	
Diabetes (self or family)		Epilepsy	
Acid reflux/eating disorder		Hiatus hernia	
Bone/joint disease		Artificial joint	
Fainting attacks/blackouts		Giddiness	
Past serious/infectious disease		Cancer/radiotherapy	
Depressive illness		Stroke	
Nervous problems		Tuberculosis	
Severe headaches		Cold sores	
<b>DETAILS</b>			
Signed:		Date:	