Are you currently	Yes	No	Give Details
Pregnant?	☐	☐	
Receiving treatment from a doctor, hospital or clinic?	☐	☐	
Taking any prescribed medicines (eg tablets, ointments, injections, inhalers, eyedrops, suppositories, nebulisers, the contraceptive pill or HRT)?	☐	☐	
Carrying a medical warning card?	☐	☐	

Do you suffer from	Yes	No	Give Details
Allergies to any medicines (eg penicillin), substances, (eg latex/rubber) or foods?	☐	☐	
Hayfever or eczema?	☐	☐	
Bronchitis, asthma or chest condition?	☐	☐	
Fainting attacks, giddiness, blackouts, epilepsy?	☐	☐	
Muscle problems, (myopathy, dystrophy, paralysis)?	☐	☐	
Heart problems, angina, blood pressure problems or stroke?	☐	☐	
Diabetes (or does anyone in your family)?	☐	☐	
Neurological (nerve) diseases ('neuropathies', MS etc)?	☐	☐	
Arthritis?	☐	☐	
Bruising or persistant bleeding following injury, tooth extraction or surgery?	☐	☐	
Any infectious diseases (including HIV hepatitis, TB)?	☐	☐	
Stomach ulcers/hiatus hernia/indigestion?	☐	☐	
Rheumatic fever, heart murmur or chorea?	☐	☐	
Liver disease (eg jaundice, hepatitis?	☐	☐	
Kidney disease?	☐	☐	
Any other serious illness?	☐	☐	

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?	☐	☐	
Brain surgery?	☐	☐	
Growth hormone treatment before the mid 1980's?	☐	☐	
A close relative (parent, sibling, child, grandparent or grandchild) with Creautzfeldt Jokob Disease? (CJD)	☐	☐	
Steroid treatment?	☐	☐	

Drinking

How many units of alcohol do you drink per week? (A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif). ☐ units per week

Smoking and Chewing	Yes	No	In past	
Do you smoke any tobacco products now (or did you in the past)?	☐	☐	☐	☐ times per day
Do you chew tobacco, pan, use gutkha or supari now (or did you in the past)?	☐	☐	☐	☐ times per day

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