ANDREW SCOTT

DENTAL CARE

At Andrew Scott Dental Care, it is important we update our patient contact details and medical history annually. We would be grateful if you could take time to complete this form as fully as possible to ensure we can provide your treatment safely.

Title:	Contact Tel No
Forename	Mobile Tel No
Surname	Email Address
Date of birth	Occupation
Address	Doctors Practice and Tel No If known GP's name
Postcode	Any Additional Info
Emergency Contact Name and Contact Tel No	

*If you are filling out this form on behalf of the patient, please also enter your own details below.

Name:
Relationship to patient Parent / Guardian / Carer / Sibling / Other:

Heart		Warnings	
○ Rheumatic Fever ○ High Blood Pressure ○ Heart Surgery ○ Pacemaker fitted	○ Heart murmur ○ Angina ○ Thrombosis ○ Other heart conditions	○ Pregnant or possibly pregnant ○ Antibiotic cover required ○ Bruising or persistent bleeding ○ Currently under treatment ○ Anything dentist should know	○ Do not Recline ○ Steroids within 2 years ○ Warning card ○ Treatment requiring hospitalisation
Details:		Details:	
○ None of the above		○ None of the above	

Chest		Blood	
○ Bronchitis ○ Cystic Fibrosis ○ Pleurisy ○ Asthmatic	○ Emphysema ○ Pneumonia ○ Chest surgery ○ Other chest conditions	○ Hepatitis B ○ H.I.V. ○ Abnormal blood test ○ Blood refused by transfusion service	○ Anaemia ○ Sickle Cell ○ Haemophilia ○ Other blood conditions
Details:		Details:	
○ None of the above		○ None of the above	

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Medication	Habits	
Details:	Smoke? How many …………… Chew Tobacco? How many per day……… Alcohol? Units per week………	○ High sugar/frequency ○ Lots of fizzy/acidic drinks ○ Recreational drugs
	Details:	

Allergies		Other	
○ Penicillin ○ Hay fever ○ Anti-tetanus serum ○ Eczema ○ General Anaesthetic ○ Local Anaesthetic	○ Latex allergy ○ Medicines ○ Plants ○ Foods ○ Aspirin ○ Other allergy conditions	○ Liver disease ○ Diabetes (patient or family) ○ Acid Reflux or Eating Disorder ○ Bone or joint disease ○ Fainting attacks or blackouts ○ Past serious or infectious disease	○ Kidney disease ○ Epilepsy ○ Hiatus hernia ○ Artificial Joint ○ Giddiness ○ Cancer
Details:		Details:	
○ None of the above		○ None of the above	

If you have any questions regarding this patient questionnaire then please do not hesitate to ask a member of the Andrew Scott dental care team.

This medical history is strictly confidential.

Patients signature:	Date: