



# Confidential Medical History

Mr / Mrs / Miss / Ms / Mst / Dr  
 First Name .....  
 Surname .....  
 Address .....  
 .....  
 Postcode .....  
 Home Tel .....  
 Mobile Tel .....

DOB ...../...../.....  
 Email .....  
 NHS No .....  
 Occupation .....  
 GP's Name & Address  
 .....  
 .....  
 .....

Please tell us why you chose us  
 Convenient Location  
 Recommendation  
 Emergency Treatment  
 Yellow Pages  
 Website  
 Passing By  
 Any other reason

Do you have Hepatitis? ..... Yes / No  
 Do you suffer from Epilepsy? ..... Yes / No  
 Do you suffer from Diabetes? ..... Yes / No  
 Do you smoke? If so how many? ..... Yes / No  
 Do you suffer from breathlessness? ..... Yes / No  
 Do you carry a Medical Warning Card? ..... Yes / No  
 Have you ever had Rheumatic Fever? ..... Yes / No  
 Do you suffer from any heart trouble? ..... Yes / No  
 Have you ever had Abdominal Bleeding? ..... Yes / No  
 Do you suffer from High Blood Pressure? ..... Yes / No  
 Is there any chance you could be pregnant? ..... Yes / No  
 Do you suffer from Chronic Asthma / Bronchitis? ..... Yes / No  
 Do you have problems with your Kidneys (e.g. Dialysis) ..... Yes / No  
 Is there a history of bleeding disorders in your family? ..... Yes / No  
 Do you have any Allergies, if so please specify? ..... Yes / No  
 Have you recently travelled abroad, if so where? ..... Yes / No  
 Do you have any other illnesses, if so please specify? ..... Yes / No  
 Are you taking any medication, if so please specify? ..... Yes / No  
 How many units of alcohol do you consume in a week? ..... Yes / No  
 (A unit is half a lager, single spirit or glass of wine)

Are you exempt from NHS Charges? ..... Yes / No  
 Would you like to know about monthly payment plans? ..... Yes / No

### Which Scheme do you prefer?

- Private
- NHS
- Denplan
- Combination

### Have you considered any cosmetic treatment?

- Teeth Whitening
- Invisible Braces
- Other

Sign ..... Date .....  
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