HBDC
High Barnet Dental Care

59 High Street
Barnet
Hertfordshire
Phone: 020 8275 2980
Fax: 020 8275 2981

Medical History Update Form

Name:.....

Are you:		
Receiving treatment from a Doctor, Hospital or any Other Clinic?	□ **YES**	□ **NO**
Taking any Medicines or Tablets (Creams, Ointments or Injections)?	□ **YES**	□ **NO**
Taking or have taken Steroids in the last 2 years?	□ **YES**	□ **NO**
Pregnant?	□ **YES**	□ **NO**

Have you:		
Had Rheumatic Fever or Chorea?	□**YES**	□ **NO**
Had Jaundice, Liver, Kidney Disease or Hepatitis?	□ **YES**	□ **NO**
Ever had Heart Murmur, Angina, Blood Pressure Problems or Heart Attack?	□ **YES**	□ **NO**
Had any Blood Tests? If so what for?	□ **YES**	□ **NO**
Had a Reaction to Local or General Anaesthetic?	□ **YES**	□ **NO**
Had a Joint Replacement?	□ **YES**	□ **NO**
Been Hospitalised? If so what for?	□ **YES**	□ **NO**

Do you:

Suffer from any Allergies? □ Latex □ Disinfectant Mouth Wash □ Any Other Dental Related Products

□ Antibiotics (Please Specify): □ **Penicillin** □ **Erythromycin** □ **Metronidazole** □ **Other……**

Have arthritis or Joint Problems?	□ **YES**	□ **NO**
Have a Pacemaker or have any Heart surgery?	□ **YES**	□ **NO**
Suffer from Hayfever, Eczema?	□ **YES**	□ **NO**
Suffer from Bronchitis, Asthma or any other Chest Conditions?	□ **YES**	□ **NO**
Have Fainting Attacks Blackouts or Epilepsy?	□ **YES**	□ **NO**
Have Diabetes? Or Anyone in the family?	□ **YES**	□ **NO**
Have any Bleeding Disorders?	□ **YES**	□ **NO**
Carry any Warning Cards?	□ **YES**	□ **NO**
Ever get Cold sores?	□ **YES**	□ **NO**
Smoke?	□ **YES**	□ **NO**
If so approximately how many cigarettes a day?	1-10	11-30	30+
Do you drink alcohol?	□ **YES**	□ **NO**

If so how many units a week? ……

Pleas list all the medications you are taking at present:

I confirm that my medical details have been updated at HBDC on the following dates:
Details:

Signature.....
Date.....

Details:

Signature.....
Date.....

Details:

Signature.....
Date.....

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