



## Specialists in Endodontics

Dr Alan Holland MSC BCHD LDS RCS (Eng)

Dr Massimo Giovarruscio BDS (IT)

## Specialist in Oral Surgery

Dr Simon Martin MBChB BDS FDS RCS (Eng)

### CONFIDENTIAL MEDICAL HISTORY

Name:

Date of Birth:

Address:

Tel:

Occupation:

Have you ever suffered from or had:	Yes	No
Heart problems, heart surgery, high blood pressure or rheumatic fever?	<input type="radio"/>	<input type="radio"/>
Blood or bleeding disorders?	<input type="radio"/>	<input type="radio"/>
Do you take Warfarin or any blood thinning medicine?	<input type="radio"/>	<input type="radio"/>
Chest or breathing problems, asthma, bronchitis or shortness of breath?	<input type="radio"/>	<input type="radio"/>
Jaundice, hepatitis or other liver disorders?	<input type="radio"/>	<input type="radio"/>
Stomach ulcers, or have you been instructed to avoid aspirin/ibuprofen?	<input type="radio"/>	<input type="radio"/>
Kidney problems?	<input type="radio"/>	<input type="radio"/>
Fits, epilepsy or other neurological problem?	<input type="radio"/>	<input type="radio"/>
Sickle Cell Disorder?	<input type="radio"/>	<input type="radio"/>
Sleeping disorders?	<input type="radio"/>	<input type="radio"/>
Diabetes?	<input type="radio"/>	<input type="radio"/>
If appropriate, could you be pregnant, are you breast feeding?	<input type="radio"/>	<input type="radio"/>
Do you have any allergies? eg Latex	<input type="radio"/>	<input type="radio"/>
Are you allergic to Penicillin?	<input type="radio"/>	<input type="radio"/>
Have you ever had any adverse reaction to local anaesthetic or sedatives?	<input type="radio"/>	<input type="radio"/>
Do you have any other medical condition of relevance?	<input type="radio"/>	<input type="radio"/>

Please list below all medication that has been prescribed by your doctor/specialist?

Patient Signature

Date

(Parent Signature if patient is under 18 years of age)