



# Medical Form

CHELTENHAM ENDODONTICS

### Units of alcohol

1 pint = 3 units, Wine 175ml = 2 unit, Alcopop 1.4 units, single spirit = 1 unit, Bottle wine = 10 units

| HABITS                               |     |                          |     |
|--------------------------------------|-----|--------------------------|-----|
|                                      |     | Qty                      |     |
| Smoke (per day)                      |     | High sugar diet          | Y/N |
| Chew Tobacco (per day)               |     | Frequent fizzy drinks    | Y/N |
| Alcohol Units (per week)             |     | Recreational drugs       | Y/N |
| Details                              |     |                          |     |
| HEART                                |     |                          |     |
| Rheumatic fever                      | Y/N | Heart Murmur             | Y/N |
| High Blood Pressure                  | Y/N | Angina                   | Y/N |
| Heart surgery                        | Y/N | Thrombosis               | Y/N |
| Pacemaker Fitted                     | Y/N | Other heart conditions   | Y/N |
| Details                              |     |                          |     |
| BLOOD                                |     |                          |     |
| Hepatitis B                          | Y/N | Anaemia                  | Y/N |
| H.I.V                                | Y/N | Sickle cell              | Y/N |
| Abnormal Blood Test                  | Y/N | Haemophilia              | Y/N |
| Blood refused by transfusion service | Y/N | Other blood conditions   | Y/N |
| Details                              |     |                          |     |
| ALLERGIES                            |     |                          |     |
| Penicillin                           | Y/N | Latex Allergy            | Y/N |
| Hay Fever                            | Y/N | Medicines                | Y/N |
| Anti Tetanus Serum                   | Y/N | Plants                   | Y/N |
| Eczema                               | Y/N | Foods                    | Y/N |
| General Anaesthetic                  | Y/N | Aspirin                  | Y/N |
| Local Anaesthetic                    | Y/N | Other Allergy Conditions | Y/N |
| Details                              |     |                          |     |

| WARNINGS                           |     |                               |     |
|------------------------------------|-----|-------------------------------|-----|
| Pregnant or possibly pregnant      | Y/N | Do not Recline                | Y/N |
| Antibiotic Cover Required          | Y/N | Steroids within 2 years       | Y/N |
| Bruising or persistent bleeding    | Y/N | Warning card                  | Y/N |
| Currently under Treatment          | Y/N | Treatment Req Hospitalisation | Y/N |
| Anything Dentist should know       | Y/N |                               |     |
|                                    |     |                               |     |
| Details                            |     |                               |     |
| CHEST                              |     |                               |     |
| Bronchitis                         | Y/N | Emphysema                     | Y/N |
| Cystic fibrosis                    | Y/N | Pneumonia                     | Y/N |
| Pleurisy                           | Y/N | Chest surgery                 | Y/N |
| Asthmatic                          | Y/N | Other chest conditions        | Y/N |
|                                    |     |                               |     |
| Details                            |     |                               |     |
| MEDICATION List                    |     |                               |     |
|                                    |     |                               |     |
|                                    |     |                               |     |
|                                    |     |                               |     |
| OTHER                              |     |                               |     |
| Liver Disease                      | Y/N | Kidney disease                | Y/N |
| Diabetes                           | Y/N | Epilepsy                      | Y/N |
| Acid Reflux or eating Disorder     | Y/N | Hiatus Hernia                 | Y/N |
| Bone or joint disease              | Y/N | Artificial joint              | Y/N |
| Fainting attacks or blackouts      | Y/N | Giddiness                     | Y/N |
| Past serious or infectious disease | Y/N | Cancer                        | Y/N |
| Details                            |     |                               |     |
| Signature: .....                   |     | Date: .....                   |     |
| Name: .....                        |     | NHS number: .....             |     |
| DOB: .....                         |     |                               |     |