

## Patient Information

Full Name

Date of Birth

Address

Email

Home

Mobile

Work

If under 16, name of parent/guardian

How did you hear of Nelson Dental Centre? If referred by a friend please state their name.

Who is your GP?

### Habits

Smoke (per day) ..... Chew tobacco (per day) ..... Alcohol (units per week) .....

High sugar/frequency

Lots of fizzy/acidic drinks

Recreational drugs

Details .....

### Warnings

Pregnant or possibly pregnant

Do not recline

Antibiotic cover required

Steroids within 2 years

Bruising or persistent bleeding

Warning card

Currently under treatment

Treatment requiring hospitalisation

Anything dentist should know

Details .....

### Heart

Rheumatic Fever

Heart Valve Issue

High Blood Pressure

Angina

Heart Surgery

Thrombosis

Pacemaker fitted

Other condition

Details .....

### Chest

Bronchitis

Emphysema

Cystic Fibrosis

Pneumonia

Pleurisy

Surgery

Asthmatic

Other chest condition

Details .....

### Blood

Hepatitis B

Anaemia

HIV

Sickle Cell

Abnormal blood test

Haemophilia

Stroke

Tranfusion service refused

Other blood conditions

Details .....

### Medication

Please list any medication you are taking on a regular basis including natural remedies .....

### Allergies

Penicillin

Latex

Hay Fever

Medicines

Tetanus Serum

Plants

Eczema

Foods

General Anaesthetic

Aspirin

Local Anaesthetic

Other

Details .....

### Other

Liver Disease

Kidney Disease

Diabetes

Epilepsy

Acid Reflux/Eating Disorder

Hernia

Bone Disease

Artificial Joint

Fainting

Giddiness

Past Disease

Cancer

Depression

Radiotherapy

Details .....

Although rare, accidental injury to staff can occur during handling instruments. If this happens our policy is to request a blood test for the patient and staff member to establish current health and assess the risk of a serious infection being transmitted. Do you agree to a confidential blood test if this occurs? Yes / No

I confirm that the above information is true and correct to the best of my knowledge.

Signed by Patient/Parent/Guardian

Date