

Confidential Medical & Dental History



At the Smile Studios we strive to ensure that your needs are our top priority as we are here to make your experience as comfortable and personalized as possible. To help us get to know your requirements better, we would like you to take a few moments to fill in this form and bring it with you at your arranged booking.

Personal Details	
Title: Surname:	Address:
First Name:	Post Code:
Telephone:	Email:
Mobile:	Date of Birth:
	Occupation:

Doctor's Details	
Doctor's Name:	Telephone No:
Address:	

Are you currently:	Yes/No	Give Details
Receiving treatment from a doctor, hospital or clinic?		
Taking any medications? If yes, please list names and doses.		
Carrying a medical warning card?		
Pregnant or breast feeding?		

Have you ever suffered from:	Yes/No	Give Details
Heart Condition including heart attack, heart murmur or angina?		
High or low blood pressure?		
TB or chest problems, asthma or bronchitis?		
Rheumatic fever or cholera?		
Liver or kidney problems, hepatitis or jaundice?		
Excessive bleeding after cuts or bruises?		
Fainting attacks, giddiness or blackouts?		
Headaches or migraines?		
Diabetes?		

Medical History Continued		
Have you ever suffered from:	Yes/No	Give Details
Reactions to local or general anaesthetics?		
Treatment that required hospitalization?		
Anaemia?		
Epilepsy?		
Anorexia or bulimia?		
Arthritis or osteoarthritis?		
HIV?		
Allergies or any allergic reactions?		

Smoking & Alcohol		
	Yes/No	Give Details
Are you a smoker? If yes, how many and for how long have you smoked?		
Do you chew tobacco?		
Do you drink alcohol?		
If yes, how many units per week?		

Dental History		Yes/No	Yes/No
Do you have any pain or discomfort?			Do you find food stuck between your teeth, or have an unpleasant taste or odour in your mouth?
Do you have any sensitivity?			
Do you have any bleeding when brushing or flossing?			Do you get ulcers or cold sores?

At The Smile Studios we have many options of cosmetic dental treatments to suit your individual needs.			
Can we help with any of the following?		Yes/No	Yes/No
Stained or discoloured teeth?			Cracked or transparent teeth?
Uneven teeth?			Missing teeth?
Crooked or crossed over teeth?			Uncomfortable dentures?
Unsightly fillings?			Would you like your teeth to be whiter?

Please read our cancellation and missed appointments policy:

We would be grateful if you could provide us with a minimum of 48 hours notice for any changes to your appointments. Missed or failed appointments lead to a patient being charged so please give the correct amount of notice required. We will also ask for a deposit for long appointments booked.

How did you find out about us? Website Passing By Family Member Friend Other

If you were referred by an existing patient of ours, what is their name? _____

Signed: _____

Date: _____

Medical History Update	
Date:	Details of Changes