Thanet House Dental Care

Title (Mr/Mrs/Miss/Ms): _____

Surname: _____

Forename: _____

Address: _____

EmailL _____

Daytime Telephone No: _____

Evening Telephone No: _____

Date of Birth: _____

Occupation: _____

Certain medical conditions can affect dental treatment and vice versa.
Please complete this form by ticking the appropriate boxes and answering the questions.

All details will be strictly confidential.

Do you or have you ever suffered from:	YES	NO
Rheumatic fever?		
Any heart complain, heart surgery or stroke?		
Diabetes?		
Epilepsy or fainting attacks?		
Chronic bronchitis or asthma?		
Hepatitis?		
Excessive bleeding?		
High blood pressure?		
Any other serious illness?		
Do you carry a medical warning card?		
Are you allergic to any medicine, tablets, substances or latex? (list below in notes)		
Are you at present taking any medicine or tablets? (list below in notes)		
Are you pregnant?		
In the past two years have you undergone any operations?		
In the past two years have you been treated with hydro-cortisone or corticosteroids?		
Have you ever had a joint replacement operations?		
Please tick or **tell the dentist** if you are HIV positive?		

If you smoke, what is your average per week? _____

What is your average weekly consumption of alcohol? _____

Thanet House Dental Care
Thanet House
65, Thanet Road,
Bexley, Kent, DA5 1AP
Tel: 01322 558548
Email: reception@thanethousedental.co.uk
Website: www.thanethousedental.co.uk s

Thanet House Dental Care

If “yes” to any of these questions please supply details in “Notes” below:

Name and address of your Doctor: _____ Notes: _____

_____ _____

_____ _____

_____ _____

_____ _____

If you are not sure of any of the questions or if your medical circumstances change, please inform the Dental Surgeon

Patient Signature: _____ Date: _____

Emergency Contact Details:

Telephone Number _____

Persons Name _____

Relationship to Patient _____

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