



## Confidential Medical History Questionnaire

### Welcome to Mint Dental Care

In order to help us meet all of your dental health care needs, please complete the following Medical History Form. Please ask a member of our team if you need any assistance or have any questions.

### Personal Details

Title: Mr  Mrs  Ms  Miss  Other  Male  Female

Full Name  Date of Birth  Home Tel.  Mobile Tel.

Email Address

Address  Post Code

How would you prefer to receive correspondence from Mint Dental Care?  By email  By post  By SMS

Approx. date of last dental visit?

### Doctor's Details

Name and Address  Contact Tel.

### Medical History - Do you Have, or Have you Had any of the Following?

	Yes	No		Yes	No
Anaemia			Heart condition or heart attack/ murmur/ angina		
Diabetes			Rheumatic fever or Chorea/ St Vitus Dance		
Epilepsy			Liver or kidney problems including hepatitis/ jaundice		
Cancer			TB or chest problems including asthma/ bronchitis		
Brain surgery			A joint replacement or other implant		
Arthritis			Bad reaction to local or general anaesthetic		
Cold sores			Blood refused by the Blood Transfusion Service		
Gastric disease			Treatment that required you to stay in hospital		
Drug dependence			Please tick or tell your dentist if you are HIV positive		
High or low blood pressure			<b>Women Only:</b>		
Fainting attacks/ blackouts			Are you taking the contraceptive pill		
Headaches/ migraines			Are you pregnant		

Are you allergic to any medicines, tablets or substances etc? If so, which?

Do you smoke? If so, how many cigarettes do you smoke on average in a week?

On average, how many units of alcohol do you drink in a week?

Please provide details on any of the above medical problems and/or any medication you are currently taking:

### Dental History - Do you Have, or Have you Had any of the Following?

	Yes	No		Yes	No
Pain or discomfort in your teeth	<input type="checkbox"/>	<input type="checkbox"/>	Unpleasant taste/ odour in your mouth	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity in your teeth	<input type="checkbox"/>	<input type="checkbox"/>	Food often stuck between teeth	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding when brushing/ flossing	<input type="checkbox"/>	<input type="checkbox"/>	Mouth ulcers/ cold sores	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/ migraines	<input type="checkbox"/>	<input type="checkbox"/>	Grinding teeth/ clenching jaw	<input type="checkbox"/>	<input type="checkbox"/>

### How Happy are you with the Appearance of your Smile?

Very happy   
  Happy   
  Fairly happy   
  Indifferent   
  Fairly unhappy   
  Unhappy   
  Very Unhappy

### Making the Most of your Smile - Could we Help you with any of the Following?

	Yes	No		Yes	No
Stained/ discoloured teeth	<input type="checkbox"/>	<input type="checkbox"/>	Missing teeth	<input type="checkbox"/>	<input type="checkbox"/>
Uneven teeth/ gaps	<input type="checkbox"/>	<input type="checkbox"/>	Crossed over/ crooked teeth	<input type="checkbox"/>	<input type="checkbox"/>
Unsightly/ black fillings	<input type="checkbox"/>	<input type="checkbox"/>	Uncomfortable dentures	<input type="checkbox"/>	<input type="checkbox"/>
Cracked/ transparent teeth	<input type="checkbox"/>	<input type="checkbox"/>	Bad breath	<input type="checkbox"/>	<input type="checkbox"/>

### Please provide Further Details about any Concerns that you may Have with your Smile?

### How did you Hear About us?

In passing   
  Advert   
  Web   
  Family/ friend   
  Other   
  If we were recommended to you, please state by whom

### Signature

Please sign below to certify that you have read and understood the above information and that all of your answers are accurate and up-to-date. Any incorrect information can be dangerous to your health and you must inform us of any changes.

  
  /  /    
    
  /  /

Patient/ Parent/ Guardian                      Date                      Dentist                      Date

Thank you for choosing Mint Dental Care. We are proud to grow our practice through referrals - as a valued patient of our practice, please ensure you recommend us to your family, friends and colleagues.