**Boston House Dental Clinic**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr | Mrs | Ms | Miss | Dr |  | First Name |  | Surname |  |
| Your Address |  | Postcode |  |
| Your Number |  | Date of Birth |  |
| Your E-mail |  | Occupation |  |

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| **GENERAL MEDICAL QUESTIONAIRE** |
| **Please tick as appropriate:** | **yes** | **no** | **details** |
| Have you had any symptoms associated with Covid-19 in the past 7 days? |  |  |  |
| Are you having any medical treatment at the moment? |  |  |  |
| Are you taking any medicines, drugs or pills? |  |  |  |
| specifically: steroids (now, or in the past)? |  |  |  |
|  anti-coagulants? |  |  |  |
|  bisphosphonates? |  |  |  |
| Are you pregnant? |  |  |  |
| Had rheumatic fever? |  |  |  |
| Had any major operations or illnesses? |  |  |  |
| Had any form of hepatitis? |  |  |  |
| Had positive blood test results for HIV? |  |  |  |
| Reacted to local or general anaesthesia? |  |  |  |
| Had a hip or other joint replacement? |  |  |  |
| Do you drink alcohol? (how may units per day?) |  |  |  |
| Do you smoke? (how many per day?) |  |  |  |
| Do you have a pacemaker? |  |  |  |
| Do you have any allergies? | penicillin |  |  |  |
| latex |  |  |
| iodine |  |  |
| other |  |  |
| Do you have asthma? |  |  |  |
| Do you have epilepsy? |  |  |  |
| Do you get cold sores? |  |  |  |
| Do you have diabetes? (does a family member?) |  |  |  |
| **Do you now, or have you ever, had problems with:** |  |  |  |
| Your heart?  |  |  |  |
| Your blood pressure? |  |  |  |
| Your lungs or chest? |  |  |  |
| Your liver or kidneys? |  |  |  |
| Fainting? |  |  |  |
| **Are there any other health related issues we should know about?** |  |  |  |

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| for a child, the parent’s/guardian’s name(s): |
| Your medical doctor’s name and address: |
| How did you hear about us? |

|  |  |  |  |  |  |  |  |  |
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| **Do you have Dental Insurance cover?** | Cigna | Denplan | Bupa | Aviva | DPN | Unum | Other | None |

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| **Patient Signature**: **Date:** **Dentist Signature: Date:**  |