

Are you currently:

Yes No

Details:

Pregnant

Receiving treatment from a doctor, hospital or clinic

Taking any medicines, e.g. tablets, ointments, injections or inhalers. Including contraceptives, and hormone replacement therapy

Carrying a warning card.....

Do you suffer from:

Allergies to any medicines (e.g. penicillin), substances (e.g. rubber/latex) or food

Hay fever or Eczema

Bronchitis, Asthma or other chest condition.....

Fainting attacks, giddiness, blackouts or Epilepsy

Heart problems or Angina

Blood pressure problems.....

Diabetes (or does anyone in your family)

Persistent bleeding following injury, tooth extraction or surgery.....

Any infectious diseases such as HIV or Hepatitis

Arthritis

Cold sores

Mouth ulcers

Drinking

How many units of alcohol do you drink per week (A unit is _ a pint of lager, a single measure of spirit or a single glass of wine)

Smoking

Do you smoke tobacco products or have you smoked in the past

.....per week

now.....per day

past.....per day

Have you ever had

Yes No

Details:

Rheumatic Fever

Liver disease (Hepatitis)

Blood refused by the transfusion service

A bad reaction to general or local anaesthetic

Heart Surgery

Brain surgery

Growth hormone treatment before 1985

A close relative with CJD

Any other serious illness.....

Occlusal screening

Do you clench or grind your teeth

Do your jaws or teeth ache when you wake up

Do you have headaches, neck, shoulder or back pain....

Do you have a painful or clicking jaw joint

Do you chew only on one side of your mouth

Aesthetic evaluation

Are you happy with your teeth and their appearance.....

Are you self conscious about your teeth when you smile

Do you have any discoloured teeth or fillings you are concerned about.....

Are you concerned about wearing dentures.....

General

Do you expect to keep your teeth for life

Do you want to keep your teeth for life