

Have you had:-	Yes	No	Give Details
Blood Transfusion?			
A reaction to local or general anaesthetic?			
A joint replacement or other implant?			
Under medical investigation?			
Any other serious illnesses not mentioned?			

Drinking	Yes	No	Units per Week
<i>How many units of alcohol do you drink per week? (A Unit is half a pint of beer, a single measure of spirit or glass of wine)</i>			

Smoking and Chewing	Yes	No	In Past	Quantity per Day
<i>Do you smoke/chew any tobacco products or did you in the past?</i>				

Any cosmetic issues you wish to discuss?
 Eg: teeth straightening, whitening, veneers, missing teeth replacement, tidy up

Completed by: Patient/Parent/Legal Guardian (Please circle)

Signature.....Date.....

MEDICAL HISTORY UPDATE

<u>Date</u>	<u>No Changes</u>	List any changes below	Patient/Parent/Guardian

Medication and Additional Notes