ARE YOU CURRENTLY	YES	NO	011	DE I AILS	
Pregnant. If yes, what is the expected delivery date?					
Have you had a baby in the past 12					
months? If so what is their DOB.	VIII				
Receiving treatment from a doctor,					
hospital or clinic?					The second secon
Taking any prescribed medicines (e.g.					
tablets, ointments, injections or inhalers,					
including contraceptives and hormone					
replacement therapy)?					
Carrying a medical warning card?					
HAVE YOU EVER SUFFERED FROM	0000	YES	NO	GIVE DETAILS	Pmenero Forenane
	321111	ILO	140	OIVE DETAILE	
Allergies to any medicines (eg penicillin),		word			
substances (eg latex/rubber) or foods?	)				
Bronchitis, asthma or other chest condition?	-				(23 D)3
Fainting attacks, giddiness, blackouts, epilepsy?					
Heart problems, angina, blood pressure					
problems, or stroke?					
Diabetes (or does anyone in your family)?					
Bone or joint disease?					ebookasi
Bruising or persistent bleeding following inju	ıry,				
tooth extraction or surgery?					Tal No Home
Liver disease (e.g. jaundice, hepatitis) or	1.	1			
kidney disease?	744 01				Qui milconii
Any other serious illness or infectious disease	se?	.toord	gra 155.	igo historia e a	rajemento ancertinici del S
A bad reaction to general or local anaesthet	tic?				
A joint replacement or other implant?					Occupation
Treatment that required you to be in hospita	11?				
Heart surgery?					
Blood refused by the Blood Transfusion					
Service?					
ALCOHOL					UNITS PER WEEK
How many units of alcohol do you drink per week?					
(A unit is half a pint of lager, a single measu	ire of	spirits	oras	ingle glass of	Do you receive any of th
wine/aperitif.)		-,		Timomite/e	and the you to show Make
www.aperium				Mened	ig tome see of book se
TOBACCO USE		YES	S NO	IN PAST	QUANTITY per day
Do you smoke any tobacco products now (c	or did				
you in the past)?				HD3 v	TRUBUSED REGION HOWERS
Do you chew tobacco, pan, use gutkha or s	upari				pomsychA pharsez dol
now (or did you in the past)?					er has I annesed baldes f
					aherikles 7 Crys
					TOURSELL THE SHIP THE
PLEASE GIVE ANY OTHER DETAILS WI	HOH!	YOUR	DENTI	ST MIGHT NEE	D TO KNOW ABOUT, SU
AS SELF-PRESCRIBED MEDICINES (eg	<b>ASPI</b>	RIN) O	R ANY	DISABILITIES '	YOU MAY HAVE:

Self / Parent / Guardian

Date

Date

**COMPLETED BY** 

Patients Signature

Dentists Signature