



**MICHAEL SHIPWAY
& ASSOCIATES**
DENTALCARE
CHELTENHAM

Medical Form

Units of alcohol

1 pint = 3 units, Wine 175ml = 2 unit, Alcopop 1.4 units, single spirit = 1 unit, Bottle wine = 10 units

HABITS			
		Qty	
Smoke (per day)		High sugar diet	Y/N
Chew Tobacco (per day)		Frequent fizzy drinks	Y/N
Alcohol Units (per week)		Recreational drugs	Y/N
Details			
HEART			
Rheumatic fever	Y/N	Heart Murmur	Y/N
High Blood Pressure	Y/N	Angina	Y/N
Heart surgery	Y/N	Thrombosis	Y/N
Pacemaker Fitted	Y/N	Other heart conditions	Y/N
Details			
BLOOD			
Hepatitis B	Y/N	Anaemia	Y/N
H.I.V	Y/N	Sickle cell	Y/N
Abnormal Blood Test	Y/N	Haemophilia	Y/N
Blood refused by transfusion service	Y/N	Other blood conditions	Y/N
Details			
ALLERGIES			
Penicillin	Y/N	Latex Allergy	Y/N
Hay Fever	Y/N	Medicines	Y/N
Anti Tetanus Serum	Y/N	Plants	Y/N
Eczema	Y/N	Foods	Y/N
General Anaesthetic	Y/N	Aspirin	Y/N
Local Anaesthetic	Y/N	Other Allergy Conditions	Y/N
Details			

WARNINGS			
Pregnant or possibly pregnant	Y/N	Do not Recline	Y/N
Antibiotic Cover Required	Y/N	Steroids within 2 years	Y/N
Bruising or persistent bleeding	Y/N	Warning card	Y/N
Currently under Treatment	Y/N	Treatment Req Hospitalisation	Y/N
Anything Dentist should know	Y/N		
Details			
CHEST			
Bronchitis	Y/N	Emphysema	Y/N
Cystic fibrosis	Y/N	Pneumonia	Y/N
Pleurisy	Y/N	Chest surgery	Y/N
Asthmatic	Y/N	Other chest conditions	Y/N
Details			
MEDICATION List			
OTHER			
Liver Disease	Y/N	Kidney disease	Y/N
Diabetes	Y/N	Epilepsy	Y/N
Acid Reflux or eating Disorder	Y/N	Hiatus Hernia	Y/N
Bone or joint disease	Y/N	Artificial joint	Y/N
Fainting attacks or blackouts	Y/N	Giddiness	Y/N
Past serious or infectious disease	Y/N	Cancer	Y/N
Details			
Signature:		Date:	
Name:		NHS number:	
DOB:			