Hackenthorpe
Dental Health Centre

Dr Andrew Cadman BDS
Hackenthorpe Dental Health Centre,
Main Street, Hackenthorpe,
Sheffield, S12 4LB

Medical History update for existing patients

Dr Mr Mrs Ms Miss

First Name _____ Surname _____

Date of Birth _____

Address _____

_____

Postcode _____

Email Address _____

Have you ever had, or do you suffer from, any of the following:

Rheumatic Fever	Yes / No
Artificial Heart Valve	Yes / No
Heart Murmur	Yes / No
Pacemaker	Yes / No
Heart Attack	Yes / No
Angina	Yes / No
High Blood Pressure	Yes / No
Other heart problems	Yes / No
Excessive bleeding	Yes / No
Blood trouble, anaemia, leukaemia	Yes / No
Chest problems (TB, asthma, emphysema)	Yes / No
Hepititis, liver disease, jaundice	Yes / No
Asthma, eczema, hayfever or other allergy	Yes / No
Are you allergic to penicillin or other medicine	Yes / No
Fits, faints or epilepsy	Yes / No
Diabetes	Yes / No

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Kidney problems	Yes / No
Positive HIV test	Yes / No
Any serious illness or operation	Yes / No
Are you pregnant, trying for or nursing a baby If yes please give due date or date of birth	Yes / No
Anything else of medical importance	Yes / No

Please list all of your medications

Covid status:

Have you been diagnosed with coronavirus?	Yes / No
Have you been in contact with someone with confirmed coronavirus?	Yes / No
Is there anyone in your household self-isolating? If so why?	Yes / No
Have you had a temperature (ie greater than 37.8 degrees) in the last 14 days?	Yes / No
Have you or do you have a new persistent dry cough in the last 14 days? (not a longstanding dry cough of non covid origin)	Yes / No
Are you in a vulnerable group or at increased risk of covid 19 eg 70 or older or under 70 with underlying health condition?	Yes / No

Please confirm consent to treatment at our practice

Signed:

Once complete, please email this to reception.hackenthorpedental@nhs.net