



# Patient Medical History Form

## EXCEL

## DENTAL CENTRE

The Lodge, 1A Cheadle Road  
Cheadle, SK8 1HW

Telephone 0161 428 1103  
0161 428 1104

Christian Name:

Surname:

Address:

Occupation:

Date of Birth:

Email:

Contact

Home Tel:

Work Tel:

Mobile/Text:

### Heart

Please tick if the following apply:

- Rheumatic Fever
- High Blood Pressure
- Heart Surgery
- Pacemaker Fitted
- Heart Murmur
- Thrombosis
- Angina
- Artificial Heart Valve
- Other

### Chest

Please tick if the following apply:

- Bronchitis
- Pneumonia
- Emphysema
- Chest Surgery
- Tuberculosis
- Cystic Fibrosis
- Pleurisy
- Asthmatic
- Other

### Blood

Please tick if the following apply:

- Prolonged Bleeding
- Hepatitis B/C
- H.I.V
- Anaemia
- Blood Transfusion
- Sickle Cell
- Haemophilia
- Other

### Allergies

Please tick if the following apply:

- Penicillin
- Hay Fever
- Anti Tetanus Serum
- Eczema
- Aspirin
- Local Anaesthetic
- Latex
- Other

### Warnings

Please tick if the following apply:

- Steroids
- Radiotherapy/Chemotherapy
- Smoker
- Pregnant
- Warning Card
- Special Precautions

### Other

Please tick if the following apply:

- Stroke
- Diabetes
- Liver Disease
- Epilepsy
- Cancer
- Spondylosis/Arthritis

Notes/Medication List

Doctor's Details

Patient Signature

