

Questions:

Details:

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1.Are you currently receiving Treatment from a doctor, hospital or clinic?

17. Do you suffer from Cold sores?

2.Please name all medications You are taking or ointments you are using

3.Are you currently taking Any self-prescribed medicines eg aspirin?

18. Have you ever had liver Diseases (eg jaundice, Hepatitis)?

4.Do you have any allergies To any medicines or materials Eg penicillin or latex?

19. Do you suffer from fainting attacks, giddiness, blackouts Or epilepsy?

5.Do you carry a medical Warning card?

20. Have you ever had a bad Reaction to a local or general Anaesthetic?

6.Do you suffer from hay fever Or eczema?

21.Have you ever had a joint Replacement or other implant?

7. Do you suffer from arthritis Or osteoporosis?

22. Have you ever had treatment that required you to Stay in Hospital?

8. Have you ever had a heart Surgery or a pacemaker fit?

23. Did you receiver growth Hormone treatment before The 80's?

9.Do you suffer from heart Problems, blood pressure Or stroke?

24. Have you had brain Surgery?

10.Are you diabetic (Or anyone In your family)?

25. Do you regularly drink more than 14 units of alcohol per week?

11.Do you suffer from Persistent bleeding following Injury, tooth extraction Or surgery?

26. Did you or do you smoke/chew any tobacco products or use Guthka or supari?

12.Have you ever had Rheumatic fever, Chorea or Endocarditis?

27. How many fizzy drinks do you drink in a week?

13.Do you suffer from Bronchitis, asthma or other Chest problems?

28. Are you currently pregnant or Have you had a baby in the last 12 months?

14.Have you had, or do you Have any form of cancer?

29. Do you suffer from any infectious diseases eg HIV/ Hepatitis?

15.Have you ever taken Bisphosphonates?

30. Have you ever had blood refused by the blood transfusion service?

16. Please give details Of your doctor Name, Address, Tel:

Patient signature Date:

31. Do you have any other serious Illness that we have not described above?