



**CORONATION**  
ROAD DENTAL SURGERY

## Confidential Medical History

Name:

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Address:

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D.O.B.

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Telephone Number (mobile preferred):

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Email Address:

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GP Name and address:

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Are you currently receiving any medical care or drugs from your doctor/hospital?

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Can you please list drugs if any:

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Are you carrying a medical warning card?

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Do you suffer from allergies to any drugs/medicines?

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Do you suffer from allergies to any foods or latex?

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Do you suffer from hayfever or eczema?

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Do you suffer from bronchitis, asthma or any other respiratory disease?

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## Confidential Medical History

Do you suffer from fainting attacks, giddiness, blackouts, epilepsy ?

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Do you suffer from heart or blood pressure problems?

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Are you a diabetic?

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Do you suffer from arthritis, bruising or persistent bleeding from extractions?

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Have you ever had rheumatic fever?

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Have you ever had liver disease?

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Have you ever had a bad reaction to general or local anaesthetic?

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Have you ever had a joint replacement?

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Do you regularly drink more than 21 units of alcohol per week?

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Do you self prescribe any medication?

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Is there any possibility that you may be pregnant?

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Signed

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## Please read our Covid-19 consent

Coronation Road Dental Surgery has always taken steps to ensure the protection of patients and staff against all risks of cross infection. We will during the period of Covid be operating using strict guidelines composed by the British Dental Association and the F.G.D.P.

At the time of writing these will impose severe restrictions on the number of patients seen each day and limit the types of treatment we are available to carry out. It is our hope and expectation that non-urgent treatment will begin as soon as possible.

We will be following guidelines in a way that will ensure that the risk of contracting Covid-19 is extremely small. All staff will be logged and checked for symptoms and likewise no care will take place on symptomatic patients . However, due to the very nature of the Covid-19 virus we cannot reduce this risk to zero.

I understand these risks and am prepared to accept them and proceed with my appointment.

Signed

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I understand that in order to care for my oral health, Coronation Road Dental Surgery may have to share personal data under the terms and conditions of current GDPR.

Signed

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When complete please sign and email to:

reception@coronationroaddentalsurgery.co.uk – a signed legible photo of the document will be fine .