

# SENSU

69 Wimpole St, London W1G 8AS. TEL: 020 7486 4433

## CONFIDENTIAL MEDICAL HISTORY SHEET

*We ask you for information about your general health to help us treat you safely. Please write your contact details below and in keeping with good practice guidelines we require you to answer the health questions and then sign the form on the back page. We will use this form at later visits to discuss any changes in your general health. All information will be kept strictly confidential by the people caring for you.*

Surname: ..... Title: .....

Forenames: .....

Sex: Male/Female Date of birth day\_\_\_\_ month\_\_\_\_ year\_\_\_\_\_

Address Home: ..... Work: .....

Postcode .....  
.....

Telephone Home ..... Work .....

Mob:.....

Email .....

Occupation .....

Date of last dental treatment ...../...../.....  
Day month year

Doctor's name .....

Doctor's address .....

Doctor's telephone .....

*Contd*

Are you currently	Y	N	GIVE DETAILS
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed or non-prescribed medicines (e.g. tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant			

Do you suffer from	Y	N	GIVE DETAILS
Allergies to any medicines (eg penicillin), substances (eg latex/rubber) or foods?			
Hay fever or eczema?			
Bronchitis, asthma or other chest condition?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Heart problems, angina, blood pressure problems, or stroke?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV , hepatitis & tuberculosis)?			

Did you, as a child or since, have:	Y	N	GIVE DETAILS
Rheumatic fever or chorea?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in the hospital?			
Heart surgery?			

<b>Drinking</b>	<b>UNITS / WEEK</b>
How many units of alcohol do you drink per week? <i>(A unit is half a pint of lager, a single measure of Spirits or a single glass of wine/aperitif.)</i>	<i>Units per week</i>

<b>Smoking and Chewing</b>	<b>Y</b>	<b>N</b>	<b>IN PAST</b>	<b>QUANTITY</b>
Do you smoke any tobacco products now (or did you in the past)?				<i>times per day</i>
Do you chew tobacco, pan, use gutkha or supari now (or did you in the past)?				<i>times per day</i>

<b>Date</b>	<b>No change</b>	<b>Changes</b>	<b>Patient's initials</b>

**ADDITIONAL NOTES**

At Sensu, we primarily grow our practice through word of mouth recommendation, so if you are pleased with the treatments and our highly qualified staff please do spread the word.

Please let us know how you heard about us, .....

Please ask us about our exclusive Sensu Members plans.

For your security, the premises are protected by closed circuit television.

If recommended by a friend, family member or company, please indicate who below, so that we can reward them.

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**Please give any other details which your dentist might need to know about, such as self-prescribed medicines (eg aspirin)**

**Completed by (please tick)**      Self                      Parent                      Guardian

SIGNATURE: .....