Affinity Dental Clinic
Suite 1E Southgate House, 88 Town Square, Basildon, Essex, SS14 1BN
01268 526262
www.affinitydentalclinic.co.uk

Medical History

Title: Click or tap here to enter text.
Forename: Click or tap here to enter text.
Surname: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text.

Do you have or have you ever suffered from:

Rheumatic fever? Yes ☐ No ☐
Any heart complaint, heart surgery or stroke? Yes ☐ No ☐
Diabetes? Yes ☐ No ☐
Epilepsy or fainting attacks? Yes ☐ No ☐
Chronic bronchitis or asthma? Yes ☐ No ☐
Hepatitis? Yes ☐ No ☐
Excessive bleeding? Yes ☐ No ☐
High blood pressure? Yes ☐ No ☐
Any other serious illness? Yes ☐ No ☐
Do you carry a medical warning card? Yes ☐ No ☐
Are you allergic to any medicine, tablets, substances or latex? Yes ☐ No ☐
Please list here: Click or tap here to enter text.
Are you at present taking any medicine or tablets? Yes ☐ No ☐
Please list here: Click or tap here to enter text.
Are you pregnant? Yes ☐ No ☐
In the past 2 years have you undergone any operations? Yes ☐ No ☐
In the past 2 years have you been treated with hydro-cortisone
or corticosteroids? Yes ☐ No ☐
Have you ever had a joint replacement operation? Yes ☐ No ☐
Are you HIV positive? Yes ☐ No ☐
What is your average weekly consumption of alcohol? Click or tap here to enter text.
If you smoke, what is your average per week? Click or tap here to enter text.

If you have answered yes to any of these questions please provide further details below.
Click or tap here to enter text.
Date: Click or tap here to enter text.