Cochrane Dental Care: Medical History

Name:	Y						alaiste (1000)	-
GP Details:		no misso, makasayikiki kitosoo iroo andi saga galaman		politica and an orall control of the	inaninkouska siisteen ja			
Social Histo	orw:		el el	-				
	Do you smoke?		Number of cigaret	tor nor day	<u> </u>	7		
	Do you drink alcohol?		Number of units p		-	\exists		
Do you hav	ve heart disease?	1.00	ur Constant	Do you	have chest proble	ms?		
	Rheumatic Fever		Heart Murmur	1	Bronchitis		Emphysema	
	High Blood Pressure	4.16.1	Angina	(Cystic Fibrosis		Pneumonia	
	Heart Surgery		Heart Attack	- 1	Pleurisy	*****	Chest Surgery	
	Pacemaker fitted		Thrombosis	4	Asthma	3	Other Conditions	
Do you hav	ve any blood disorders?	7-11-0		Medica	ations			
	Hepatitis B		Anaemia					
Arger i	HIV		Sickle Cell	1				
	Bruising/Persistent bleeding		Heamophilia	1	2			
,	Blood refused by transf	usion service	Other Blood Conditions]				
Allergies	war in	of a selficions	and the second second	Other	conditions			
	Penicillin	11 t 1/3-32.3	Latex Allergy	The fi	Liver Disease	ſ	Kidney Disease	
	Hay Fever	1) 49-10-10-1	Medicines		Diabetes	279	Epilepsy	
	Anti Tetanus Serum	en Cotel	Plants	1	Acid Refelux or Eati	ng Disorder	Hiatus Hernia	
78 A.	Eczema	5, + 1 of 364 d £	Foods		Bone or Joint Disea	se	Artifical Joint	
*	General Anaesthetic	treating or Big	Aspirin		Fainting or Blackou	ts	Giddiness	
5 . C. 1	Local Anaesthetic	Section Thank	Other Allergies		Serious Illness		Cancer	
Patient Sign	nature	ē		Date				
				, -				
Dentist Signature								