Medical History Form

Further Information (you can attach or bring a repeat prescription if you take a lot of medication):

**Medical conditions**

(if you answer yes, please provide more details) Do you have problems with your heart?

Glasgow Dental Hospital

**Your details**

Name:

Preferred contact number:

Email address: Preferred pronouns (optional) please circle: she / her / he / him / they / them / other:

Date of birth:

Doctor’s name and address:

Dentist’s name and address:

**The following questions help us to understand your current and past medical health. They will allow us to make sure that your treatment is safe for you, and that it is personal to you. We will discuss your answers at your consultation. We will keep any information you give us confidential.**

|  |  |  |
| --- | --- | --- |
| **Medications (if you answer yes, please provide more details)** |  | |
| Do you take any regular medications? | S Yes | S No |
| Do you take any non-prescription medications or supplements? | S Yes | S No |
| Do you have any allergies? | S Yes | S No |

|  |  |  |
| --- | --- | --- |
| (e.g. high blood pressure, heart attack, angina, stroke) | S Yes | S No |
| Do you have any bleeding issues? (e.g. prolonged bleeding after surgery) | S Yes | S No |
| Do you have problems with your breathing? (e.g. asthma or COPD) | S Yes | S No |
| Do you have problems with your bowels? (e.g. IBS, Crohn’s disease) | S Yes | S No |
| Do you have problems with your kidneys? | S Yes | S No |
| Do you have problems with your muscles or joints? (e.g. arthritis, fibromyalgia) | S Yes | S No |
| Do you have diabetes? | S Yes | S No |
| Do you have any neurological problems?  (e.g. headaches, numbness, dizziness, epilepsy) | S Yes | S No |
| Do you have any problems with your mental health? (e.g. depression or anxiety) | S Yes | S No |
| Are you currently pregnant or breastfeeding? | S Yes | S No |
| Further Information: |  |  |



Do you consider yourself to have a disability? If yes, do you have a designated carer?

Are you neurodiverse? Either diagnosed or self-identify

(e.g. Autism, ADHD, Dyslexia, Sensory processing disorder etc.)

S Yes S No

S Yes S No

S Yes

S No

If yes, please include any useful further information or support that you feel may be helpful.

Further Information:

Do you have any other conditions or health concerns that you think we should know about?

Further Information:

S Yes S No



**Your social situation**

Do you drink any alcohol?

Do you use any tobacco or nicotine products? (e.g. smoke, vape, chewing tobacco) Do you require any additional support at your appointment?

(e.g. wheelchair access, interpreter, communication aids)

Further Information:

S Yes S No

S Yes S No

S Yes

S No

**Your appointment**

We encourage our patients to ask questions. It may be useful to spend some time before your consultation thinking about why you have been referred to us, and what you hope to get out of the appointment. If we offer any tests or procedures, it is useful to think about the **“BRAN”** questions:

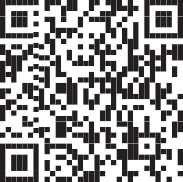
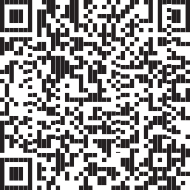
**B** – What are the benefits of this test or procedure?

**R** – What are the risks of this test or procedure?

**A** – Are there any alternatives?

**N** – What if I do nothing?

You can note down anything you feel you need to remember or want to ask at your appointment in the space below:



If you would like any more information about how to use the BRAN questions and how to prepare for your appointment, please follow the links below:

**It’s OK to Ask Realistic Medicine Scotland About Choosing Wisely UK**

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