Savina Clinic
DENTAL & IMPLANTOLOGY CENTRE

health questionnaire

Like all dentists, we ask patients for information regarding their general health to help us treat them safely. Please print this page, fill in the contact details, answer the health questions accurately and sign and date the form. All information will be kept strictly confidential. We will ask you to update the form at regular intervals

Name	
Surname	
Title	
Sex	Male ☐ Female ☐
Address	
Date of Birth	

Current Medical Status	Yes	No	Current Medical Status	Yes	No
Pregnant	☐	☐	Receiving Treatment	☐	☐
Current Medication	☐	☐	Warning Card	☐	☐
Allergies	☐	☐	Hay Fever / Eczema	☐	☐
Bronchitis / Asthma	☐	☐	Fainting Attacks	☐	☐
Heart / Blood Pressure Problems	☐	☐	Diabetes (or in Family)	☐	☐
Bruising / Persistent Bleeding	☐	☐	Arthritis	☐	☐
Rheumatic Disease	☐	☐	Serious Illness	☐	☐
Liver Disease	☐	☐	Reactions to Anaesthetic	☐	☐
Joint Replacement	☐	☐	Hospital Treatment	☐	☐
Heart Surgery	☐	☐	Central Nervous System Disorders	☐	☐
CJD	☐	☐	Units of Alcohol / Week	☐	☐
Smoking	☐	☐			

Other Details

Signature

Date