The White House Dental Practice Registration Form

<table>
<tr><td rowspan="5">Address (including postcode)</td><td>Title:</td><td colspan="3">Full Name:</td></tr>
<tr><td colspan="2">D.O.B:</td><td>M / F</td><td>Smoker – YES / NO</td></tr>
<tr><td colspan="4">Occupation:</td></tr>
<tr><td colspan="4">Contact Numbers:</td></tr>
<tr><td colspan="4">Ethnic Group:</td></tr>
<tr><td colspan="5">Doctors name, Address and Telephone Number:</td></tr>
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	Yes	***No***	***Give Details***
Pregnant?			
Receiving treatment from doctors, hospital or clinic?			
Carrying a medical warning card?			
Taking any prescribed medicines? (including contraceptives, HRT, ointments and inhalers)			please list on the back
A bad reaction to general or local anaesthetic?			
Treatment that required you to be in hospital?			
Allergies?			
Asthma, bronchitis, or other chest condition?			
Fainting attacks, giddiness, blackouts or epilepsy?			
Heart problems, angina, blood pressure or stroke?			
Diabetes or anyone in your family?			
Hayfever or eczema?			
Do you weigh in excess of 300lb (pounds) / 21 stone?			
Bone or joint disease e.g. Arthritis?			
A joint replacement or other implant?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Rheumatic fever or chorea (St Vitus Dance)?			
Liver disease (jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by The Blood Transfusion Service?			
Any infectious diseases? (including HIV or hepatitis)			
Heart surgery or heart murmur?			
A close relative with Creutzfeldt Jakob Disease?			
Growth hormone treatment before the mid 1980s?			
Brain surgery?			
Do you chew any tobacco products (or did you in the past)?			
Do you smoke any tobacco products (or did you in the past)?			
How many units of alcohol do you drink per week? 1 unit = ½ pint of larger, single measure of spirit or 1 glass of wine			

Please inform the dentists of anything that is not stated on this form
(E.g. self prescribed medicines)

Signature____________________________ **Date**______________________