

Medical History Form

Glasgow Dental Hospital



Your details

Preferred contact number:

Name: _____

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? Yes No

Do you take any non-prescription medications or supplements? Yes No

Do you have any allergies? Yes No

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?
(e.g. high blood pressure, heart attack, angina, stroke) Yes No

Do you have any bleeding issues? (e.g. prolonged bleeding after surgery) Yes No

Do you have problems with your breathing? (e.g. asthma or COPD) Yes No

Do you have problems with your bowels? (e.g. IBS, Crohn's disease) Yes No

Do you have problems with your kidneys? Yes No

Do you have problems with your muscles or joints? (e.g. arthritis, fibromyalgia) Yes No

Do you have diabetes? Yes No

Do you have any neurological problems?
(e.g. headaches, numbness, dizziness, epilepsy) Yes No

Do you have any problems with your mental health? (e.g. depression or anxiety) Yes No

Are you currently pregnant or breastfeeding? Yes No

Further Information:

Do you consider yourself to have a disability? Yes No
If yes, do you have a designated carer? Yes No
Are you neurodiverse? Either diagnosed or self-identify
(e.g. Autism, ADHD, Dyslexia, Sensory processing disorder etc.) Yes 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? Yes No
Further Information:

Your social situation

Do you drink any alcohol? Yes No
Do you use any tobacco or nicotine products? (e.g. smoke, vape, chewing tobacco) Yes No
Do you require any additional support at your appointment?
(e.g. wheelchair access, interpreter, communication aids) Yes No
Further Information:

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

