

The Royal Hospital School Dental Surgery
CONFIDENTIAL MEDICAL HISTORY

The School has a fully equipped modern dental surgery, staffed by Mr David Buchanan, Dental Surgeon, and Miss Karen Vale, Dental Nurse. A full range of treatment is offered, including orthodontics and further information can be found at www.rhsdentist.co.uk You may register your child with the School Dentist as a day pupil or boarder and most treatment can be done under the National Health Service.

*We are required to ask you for the following information about your child's general health to help us treat him or her safely. Whilst some of the questions may appear irrelevant to a child of a particular age, please do complete the form fully. We will also use the form at later visits to discuss any changes in your child's circumstances. **All information will be kept strictly confidential by the people caring for your child.***

Pupil Name

Forename..... Middle name.....

SurnameGender (please delete) *Male/Female*

Date of birth *day*____ *month*____ *Year*____ *House (if known)*

Parent Name

TitleForename..... Surname.....

Relationship to pupil

Address.....

.....Postcode.....

Day time telephone numberWork telephone number.....

Mobile.....Email.....

Pupil Medical Information

Date of last dental treatment *day*____ *month*____ *year*____

Doctor's name.....

Doctor's address.....

.....Postcode.....

Telephone numberEmail.....

Is your child currently	Y	N	Please give details (if space is not sufficient please use a continuation sheet)
Receiving treatment from a doctor, hospital or clinic?			
Taking any prescribed medicines (e.g. tablets, ointments, injections or inhalers, contraceptives and hormone replacement therapy)?			
Carrying a medical warning card?			
Pregnant			

Does your child suffer from	Y	N	Please give details (if space is not sufficient please use a continuation sheet)
Allergies to any medicines (eg penicillin), substances (eg latex/rubber) or foods?			
Hay fever or eczema?			
Bronchitis, asthma or other chest condition?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Heart problems, angina, blood pressure problems, or stroke?			
Diabetes (or does anyone in your family)?			
Arthritis?			
Bruising or persistent bleeding following injury, tooth extraction or surgery?			
Any infectious diseases (including HIV and hepatitis)?			

Has your child ever had	Y	N	Please give details (if space is not sufficient please use a continuation sheet)
Rheumatic fever or chorea?			
Liver disease (e.g. jaundice, hepatitis) or kidney disease?			
Any other serious illness?			
Blood refused by the Blood Transfusion Service			
A bad reaction to general or local anaesthetic?			
A joint replacement or other implant?			
Treatment that required you to be in the hospital?			
Heart surgery?			

Drinking	UNITS / WEEK
Does your child drink alcohol?	Yes/No
If Yes, how many units of alcohol per week? (A unit is half a pint of lager, a single measure of spirits or a single glass of wine/aperitif.)	Units per week

Smoking and Chewing	QUANTITY
Does your child smoke or chew tobacco, or has he or she done so in the past? (eg cigarettes, cigars, pipe, chewing tobacco, pan, gutkha or supari)	Yes / No / In the Past (please delete)
If Yes, please state which product and how many times per day. Product (s) <i>times per day</i>

Other Information

Please give any other details which the dentist might need to know about your child, such as self-prescribed medicines (eg aspirin) or any other information?

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Declaration

I can confirm that I have parental responsibility for the pupil names on this form and that the above information is correct at the time of signature:

Parent/Guardian's SignatureDate

Please print name.....Relationship to pupil.....

If you have any queries regarding this form or about your child's dental health please contact The Dental Surgery on 01473 326231 or karen@rhsdentist.co.uk

For Dental Surgery Use ONLY

Changes to Information (for pupil completion at a later date)

Please check that the health Information on this form is correct and if necessary amend as necessary or make any changes below:

Date	No change	Changes	Patient's initials

Dental Surgery Consent Form

Please tick the boxes below required:

Mouthguards

It is the School Policy that any pupil who participates in hockey and/or rugby is required to wear a mouthguard and it is strongly recommended that mouthguards are custom-made from a dental impression of the teeth.

The School Dentist will arrange for a mouthguard to be made for your child during the first week of School and the cost of £45 will be added to the end of term account.

I CONSENT TO HAVING A CUSTOM MADE MOUTHGUARD provided by the Dentist. I understand the cost will be added to the end of term account.

If you would prefer to source a mouthguard separately, please leave this box un-ticked but ensure that your child arrives with it at the start of term. If your child does not arrive with a mouthguard at the start of term, we will make arrangements for a mouthguard to be made and the cost will be added to the end of term account.

Registering Your Child for Detail Treatment

I GIVE CONSENT FOR MY CHILD TO RECEIVE **EMERGENCY DENTAL TREATMENT ONLY**, to alleviate pain, which may involve the administration of local anaesthesia, the giving of antibiotics and pain relief if required. I will ensure that my child receives on-going dental care at another practice.

OR

I GIVE CONSENT FOR FULL DENTAL TREATMENT, to include examinations, radiographs, scaling and polishing teeth, administration of local anaesthesia for routine fillings, the giving of antibiotics and pain relief if required.

I UNDERSTAND that we will be consulted before more complex treatments such as permanent tooth extraction; root treatment, crowns or bridges are carried out.

I UNDERSTAND that a separate consent will be obtained should the dentist feel orthodontic (brace) treatment is required.

Declaration

Parent/Guardian's SignatureDate

Please print name.....Relationship to pupil.....

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