

Medical History - Confidential

Title Mr First Name Zhengyao Surname Jiang Date of birth 25/03/1997 (DD/MM/YYYY)

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Contact numbers

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Please tick your preferred method for us to contact you: Phone Email

Your Doctor's name Your Doctor's Tel number

Next of Kin Father Next of Kin Tel Number +86 13906125607

Currently receiving treatment from a doctor, hospital or specialist?		v	
Taking or taken steroids in the last two years?		v	
Taking any medicines; if so, please detail what medicines and for how long? This should include any herbal remedies.		v	
Positive for HIV?		v	

Been hospitalised in the past 5 years?		v	
Ever had any abnormal bleeding following previous extractions, surgery or trauma?		v	
Ever had any ALLERGIC REACTIONS to anaesthetics/ antibiotics/or any other medications?		v	
Do you have a medical condition or been advised by your cardiologist that you require antibiotic cover prior to dental treatment?		v	

Please read through – tick if relevant, or tick 'NONE' at bottom

High blood pressure		Sinus trouble	
Heart murmur or prolapsed valve		Thyroid problems	
Joint prosthesis (hip, knee, etc)		Diabetes	
Rheumatic fever / heart disease		Stomach ulcers, colitis	
Congenital heart disease		Hepatitis, jaundice, liver disease	
Cardiovascular disease: heart attack, stroke or bypass		Kidney problems	
Prosthetic heart valve		Psychiatric treatment	
Blood disorder (e.g. anaemia)		Fainting spells or seizures	
Venereal disease		Epilepsy	
Asthma		Cancer	
Allergy to latex		Temporo-mandibular Joint problems (TMJ)	
Low blood pressure		Low blood sugar	
Chest pain, angina		Dialysis	
Swollen ankles, arthritis or joint disease		Irregular heart beat	
Cardiac pacemaker		Contagious diseases	
Heart surgery		Bronchitis, chronic cough	
Delay in healing		Hayfever	
Tuberculosis		Problems with the immune system	
Emphysema		Difficulty breathing or other lung trouble	
Radiotherapy or chemotherapy		Chronic fatigue or night sweats	
Smoke any tobacco products or have done so in the past		History of drug abuse	

History of alcohol abuse		Do you wear contact lenses	
Eye disease or glaucoma		Do you bruise easily	
Infectious mononucleosis		Gallbladder trouble	
Brain/Neurosurgery or grafts prior to 1992. Taken growth hormone prior to 1982. Family history of CJD		NONE	v

Are you taking bisphosphonates (such as Fosamax) now or have you taken them in the past? Yes No v

Women only: Are you pregnant? Yes No . If ‘Yes’, approximate due date (DD/MM/YYYY)

Signature Zhengyao Jiang Date 05/06/2023

H.S.C.E 121 Harley Street W1G 6AX. M217RA (DD/MM/YYYY)