# 3. TOOTHACHE AFTER NEW FILLING - **HISTORY TAKING - PATIENT INSTRUCTIONS**

**Background**

- You are 60ish years old.
- You are an accountant working in a firm near the town centre.
- You are married and have 2 children.
- **Use a name and date of birth of your choosing if asked.**

**Presenting complaint**

- You are attending for an emergency appointment today.
- At your last check-up, x rays were taken and you were told that you needed a filling replaced as it had decay under it.
- It was a pretty big, old filling on the lower right molar, hadn't been giving you any problems since it was last filled about 15 years ago.
- It hasn't felt right since it was filled 4 days ago, it is now sensitive to bite on.
- If you chew it feels slightly painful making you reluctant to chew properly.
- It is not tender if you touch it or tap it.
- The newly filled tooth feels too big, as if it contacts before all of the other teeth in your mouth.
- You are worried that the tooth might need to be refilled or possibly need to be extracted.

**Medical History**

- You have asthma, you are taking a long-acting inhaler, beclomethasone and a short acting inhaler, salbutamol.
- You have no allergies.
- You have no other health problems.

**Social history**

- You work full time but can get away for dental appointments.
- You do not smoke and have never smoked.
- You drink alcohol very occasionally, probably less than 2 units a month.

**Dental history**

- You are a regular attender coming every 6 months.
- You didn't look after your teeth as well as you should have when you were younger, but you do now.
- You are not dentally anxious.
- You brush your teeth 2x / day using fluoride toothpaste.
- You occasionally floss to clean between your teeth.

**Family History**

- No family history of any illnesses**.**

After taking your history the dentist will suggest an examination.

# DENTAL MEDICAL HISTORY FORM

NHS Grampian

Like all dentists, we may ask patients for information about their general health and any medicines being taken, to help us to treat them safely. Please write your contact details below, answer the health questions and then sign the form on the back page. If you have any questions about the form content, or feel that you cannot answer some of the questions, please seek clarification from the Dentist treating you. We will show you the form at later visits so that you can tell us whether there has been any change in your general health. All information will be kept strictly confidential.

Surname: Carr | Title: Mrs | Date of last dental treatment: August 2021

First Name: Rebecca | Are you exempt from dental charges?

Date of Birth: 14th July 1978 | Yes: | No: ✓

Address: 1 Pond lane, Banchory, Aberdeenshire | Exemption category:

Postcode: AB31 5BN | Doctor's name: Dr Stevenson

CHI: | Doctor's address: Bellfield Surgery, Banchory

If we need to contact you by telephone and are unable to speak to you directly, do we have your consent to leave a message either on an answering service or with the person who answers the phone on the number you have given us? **YES/ NO**

Home Tel.No.: 01330822222 | Doctor's Tel.No.: 01330825888

Daytime Tel.No.: | Occupation: Accountant

Mobile Tel.No.: 07891234567

| Are you currently... | Yes | No | Give Details |
|---|---|---|---|
| 01. Pregnant | | ✓ | |
| 02. Receiving treatment from a doctor, hospital or clinic? | | ✓ | |
| 03. Taking any prescribed medicines (e.g tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)? | ✓ | | Asthma inhalers. Beclomethasone and salbutamol |
| 04. Carrying a medical warning card? | | ✓ | |
| 05. Have you taken any steroids in the last 12months? | | ✓ | |
| **Do you suffer from...** | **Yes** | **No** | **Give Details** |
| 06. Allergies to medicines, food or substances? | | ✓ | |
| 07. Hay fever or eczema? | | ✓ | |
| 08. Bronchitis, asthma or other chest conditions? | ✓ | | Asthma, brown and blue inhalers |
| 09. Fainting attacks, giddiness, blackouts or epilepsy? | | ✓ | |
| 10. Heart problems, angina, blood pressure problems, stroke, or heart murmur? | | ✓ | |

| | | | |
|---|---|---|---|
| 11. Diabetes (or does anyone in your family?) | | ✓ | |
| 12. Arthritis? | | ✓ | |
| 13. Bruising or persistent bleeding following injury, tooth extraction or surgery? | | ✓ | |
| 14. Any infection or diseases? (Including HIV and Hepatitis)? | | ✓ | |
| **Did you, as a child or since, have:** | **Yes** | **No** | **Give Details** |
| 15. Rheumatic fever of chorea? | | ✓ | |
| 16. Liver disease (e.g. jaundice, hepatitis) or kidney disease? | | ✓ | |
| 17. Any other serious illness? | | ✓ | |
| 18. Have you ever had your blood refused by the Blood Transfusion Service? | | ✓ | |
| 19. A bad reaction to general or local anaesthetic? | | ✓ | |
| 20. A joint replacement or other implant? | | ✓ | |
| 21. Treatment that required you to be in hospital? | | ✓ | |
| 22. Heart surgery? | | ✓ | |
| 23. Brain surgery? | | ✓ | |
| 24. Growth hormone treatment before the mid-1980's? | | ✓ | |
| 25. A close relative (parent, sibling, child, grandparent or grandchild) with Creutzfeldt Jakob Disease (CJD)? | | ✓ | |
| 26. Any history of behavioural problems? | | ✓ | |

| **Drinking** | **Units per week** |
|---|---|
| 27. How many units of alcohol do you drink per week? | 1 max, have a couple of glasses of wine a month |
| *(A unit is a half pint of lager, a single measure of spirits or a single glass of wine/ aperitif)* | |

| **Smoking and Chewing** | **Yes** | **No** | **In Past** | **Quantity** |
|---|---|---|---|---|
| 28. Do you smoke any tobacco products now (or did you in the past)? How many times per day? | | ✓ | | 0 - never smoked |
| 29. Do you chew tobacco, pan, use gutkha or supari now (or did you in the past)? How many times per day? | | ✓ | | |

**Please give any other details which your dentist might need to know about, such as self-prescribed medicines (eg Aspirin)**

**Form completed by** (*Please Tick*) **Self** ✓ **Parent** **Guardian**

**Signature** **Date**

**MEDICAL HISTORY UPDATE**

*Please check that the health information on this form is still correct (including information on smoking and drinking). If not, amend as necessary or note any changes below.*