

CONFIDENTIAL MEDICAL HISTORY UPDATE

Name: _____ Date of birth: _____

Address: _____

Contact No's: Home _____ Mobile _____ Work _____

Email address: _____

IF YOU ARE A REGULAR PATIENT OF BALLYBOT DENTAL SURGERY AND HAVE ATTENDED THE PRACTICE IN THE PAST 12 MONTHS, IF THERE HAS BEEN NO CHANGE IN YOUR MEDICAL HISTORY, PLEASE SIGN AND DATE BELOW. (OTHERWISE PLEASE TURN OVERLEAF)

I confirm there has been no change to my medical history in past **12 months**.

Signed : _____ Date ____/____/____

IF YOU ARE TAKING REGULAR MEDICATION INCLUDING THE CONTRACEPTIVE PILL PLEASE LIST THESE BELOW.

<i>Medication name</i>	<i>Dosage (if known)</i>	<i>No of Tablets taken per day</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

To comply with new DATA PROTECTION laws, please tick this box if you **DO NOT** wish to receive your 6 month check up reminders by text message

Present Medical Status	Yes	No	Details
Have you any allergies e.g Penicillin?			

BDS

-Ballybot Dental Surgery Ltd-

Company Registration Number N1064635

Are you taking any BISPHOSPHONATE medicines?			
If you are taking any medication please give details overleaf			
Are you pregnant ?			
Do you smoke ?			
Have you ever taken steroids ?			
Have you ever had a problem with excessive bleeding ?			
Do you have a history of chest or heart problems including rheumatic fever, heart murmurs or asthma?			
How long since you received dental treatment?			
Have you ever been diagnosed with Hepatitis or HIV ?			
Is there any other detail your dentist should know?			

Signature _____

Date ___/___/___

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Fax (028) 3025 1717 Code from Dol is (0044 28)