

Carrigtwohill Dental Practice

Confidential Medical History

Welcome to our Dental Practice. Our aim is to safely provide you with the highest standard of dental care possible. To assist us to do this, we would be grateful if you could answer the following questions as accurately as possible. If you are unsure of the answer to any question, please do not hesitate to ask a member of staff or your dentist for assistance.



Name:		Date of Birth:	
Address:		Eircode:	
Tel No: Home:	Mobile:	Occupation/Employer:	
Medical Card No.(Age 16 and over):		Expiry Date:	
PPS Number:		Do you have VHI/LAYA/Irish Life?	
May we send you your dental check-up reminder by text message?			
If so, please provide us with your mobile phone number:			
Your Doctor's name and address:			
How long since you last received dental treatment?			
	Yes	No	Details
Are you attending or receiving treatment from a doctor, hospital, clinic, or specialist?			
Are you taking any medicines from your doctor? (Tablets, ointments, creams, injections, blood thinners, Osteoporosis treatment)			
Are you taking or have you taken steroids in the last two years?			
Are you allergic to any medicines, foods, or materials (i.e. metals)?			
Are you pregnant or the mother of a baby less than 12 months old?			
Have you had rheumatic fever?			
Have you had jaundice, liver, kidney disease or hepatitis?			
Have you had any blood tests, inoculations, etc?			
Have you ever had your blood refused by the Blood Transfusion Board?			
Have you ever been treated with growth hormone, undergone brain surgery or has any family member suffered from CJD?			
Have you ever had a bad reaction to a general or local anaesthetic?			
Have you had a joint replacement?			
Have you ever been hospitalised? If "Yes" what for and when?			
Do you have arthritis?			
Do you have any heart problem, a heart murmur, a pacemaker, or have you had any form of heart surgery?			
Do you suffer from hay fever, eczema, or any other allergy?			
Do you suffer from bronchitis, asthma or other chest condition?			
Do you have fainting attacks, giddiness, blackouts, or epilepsy?			
Do you have diabetes or does anyone in your family?			
Do you bruise easily or following a tooth extraction, surgery or injury have you bled so as to cause you to be worried?			
Do you smoke? If so how many per day?			
Are there any other aspects concerning your health that you think the dentist should know about?			

Patient/Guardian Signature _____

Date _____