2nd Floor
17 Main Street
SWORDS
Co Dublin

SWORDS ORTHODONTICS

www.swordsortho.com

t: 01 810 7622
f: 01 807 5220
e: swordsorthoinfo@gmail.com

Personal Details

Name		Telephone Numbers	
Address		Home	
		Mobile	
		Work	
email		Date of Birth	

Family Dentist Name:	Date of Most Recent Visit (approx)
Family Doctor Name:	Date of Most Recent Visit (approx)

Where did you hear about
Swords Orthodontics?

(If it's someone we know – like a Swords Ortho patient/local dentist– please let us know who)

Medical History

(Circle as appropriate)
Do you:

Have any allergies……	YES	NO
Have any history of heart murmur, rheumatic fever or any other kind of heart condition……..	YES	NO
Have any history of asthma or any other kind of breathing or respiratory problem…...	YES	NO
Take any medication……..	YES	NO
Have you:		
Any bleeding disorder or tendency……	YES	NO
Always been in good health ……..	YES	NO
Ever taken any pills/medicines/tablets……	YES	NO
Ever been in hospital……	YES	NO
Ever had a general anaesthetic……	YES	NO
A history of diabetes (self or family)……	YES	NO
Ever had hepatitis or jaundice……..……	YES	NO
Ever been referred to a consultant/specialist…	YES	NO
Are you (or might you be) pregnant	YES	NO

(If you selected YES to any question, please give further details in this box, thank you)

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DATE:
Signature:

(If you're signing on behalf of patient,