



**Patient History
UPDATE**

Surname: _____ Given

Names: _____

DOB: _____

Residential Address (if changed): _____

Contact numbers (if changed)

Home: _____

Mob: _____

Work: _____

Health Insurance (if changed): _____ Member number:

Have you been diagnosed with any medical conditions or had any serious illnesses since your last visit?	
Any medical operations or accidents since your last visit?	
Any new medications since your last visit?	
Any new allergies/intolerances:	

- I have completed this history to the best of my knowledge and understand that failure to do so could put me in undue medical risk. I understand that my notes/radiographs or models relating to my treatment may have to be sent to other practitioners to aid them in my treatment and I consent to this. I give Barkly Street Dental Group permission to contact me via mail, phone or email and I also understand that it is my responsibility to update my personal details.

Patient signature

Date