the broadway dental practice

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Mr / Miss / Mrs / Ms First name: …… Surname: ……

Occupation:……..

How did you find out about us? Friend Relative Neighbour Internet Other

Contact details:

Address:		Home phone:	
		Mobile:	
		D.O.B.	/ /

Exemption status

I am expecting a baby on ……

I had a baby in the last twelve months on ……

Please tick if you receive:

Income support	☐	Pension credit	☐
Working families tax credit	☐	Have HC2 full exemption certificate	☐
Income based job seekers allowance (non contribution based only)	☐	Employment & Support allowance (non contribution based only)	☐
Universal credit	☐		

Background Information

When were you last seen by a dentist?

How often do you clean your teeth?	Less than once daily	Once a day	Twice a day
How many cigarettes / roll-ups do you smoke per day?	Non-smoker		<5 / day
	5-10 / day	10-20 / day	20+ / day

Medical History:

Current medications?

Allergies

Yes	No	Questions
☐	☐	Are you currently receiving treatment from a doctor, hospital or clinic?
☐	☐	Are you currently taking any prescribed medicines (e.g. tablets or inhalers)?
☐	☐	Are you carrying a medical warning card for Steroids or Anticoagulants (incl. Warfarin)?
☐	☐	Do you suffer from allergies to any medicines (e.g. penicillin) , substances (e.g. latex)?
☐	☐	Do you suffer from heart problems; heart attack, murmur, angina, or stroke?
☐	☐	Do you suffer from high blood pressure?
☐	☐	Do you suffer from brusing or persistent bleeding following injury, tooth extraction or surgery?
☐	☐	Do you suffer from bronchitis, asthma or other chest conditions?
☐	☐	Have you ever had any other serious illness? If yes, what…
☐	☐	Are you diabetic?
☐	☐	Do you suffer from fainting attacks, giddiness, blackouts or epilepsy?
☐	☐	Do you, or have you suffered from anxiety e.g. panic attacks, claustrophobia?
☐	☐	Do you, or have you suffered from depression?
☐	☐	Do you, or have you suffered from mental illness or psychosis?
☐	☐	Do you suffer from any infectious disease (incl. H.I.V., Hepatitis B,C or D, Tb)?
☐	☐	Do you suffer from arthritis or osteoporosis?
☐	☐	Have you been treated for any cancer or tumour?
☐	☐	Do you ever suffer from cold sores on the lips?
☐	☐	Do you suffer from hayfever or eczema?
☐	☐	Have you ever had liver disease (e.g. jaundice, hepatitis)?
☐	☐	Do you have, or have you had kidney disease?
☐	☐	Could you be pregnant?
☐	☐	Is there any other information which your dentist might need to know about, such as self-prescribed medicines (e.g. aspirin)?
☐	☐	Do you regularly drink more than 14 (women) or 21 (men) units of alcohol per week? (glass wine = 1 unit, pint beer = 2 units)
☐	☐	Do you smoke any tobacco products now?
☐	☐	Do you chew tobacco, pan, use gutkha or supari now?
☐	☐	If you are a smoker, have you received advice or treatment to aid quitting smoking?