ANDERSON &BROADBERRY DENTAL CARE
46 Worksop Road, Swallownest, Sheffield S26 4WD
Tel: 0114 287 2305 www.abdentalcare.co.uk

How did you know of the Practice?
New Patient / Website / Referral / Press / Other
Please circle

Name		Date of Birth		Male/Female
Address		Mobile No.		
		Home No.		
		Work No.		
		Email Address		
Occupation		How long since your last dental treatment?		
Doctor's Name and Address		A member of a dental insurance scheme e.g. Westfield		Y/N
		Do you pay for your dental treatment		Y/N

ARE YOU	Yes	No	Details
An expectant mother	☐	☐	
Taking any medication (if so please list)	☐	☐	
Taking or have taken any steroids in the last 2 years	☐	☐	
Allergic to any medicines, foods or materials	☐	☐	
HAVE YOU HAD			
Jaundice, liver or kidney disease or hepatitis	☐	☐	
Any heart problems, heart murmur, angina, high blood pressure or a heart attack	☐	☐	
Adverse reaction to either local or general anaesthetic	☐	☐	
Been hospitalised, if Yes, what for and when	☐	☐	
DO YOU			
Suffer from arthritis	☐	☐	
Have a pacemaker, or had any form of heart surgery	☐	☐	
Suffer from allergic disorders such as Hay Fever or Eczema	☐	☐	
Suffer from any respiratory disease such as Bronchitis or Asthma	☐	☐	
Have epilepsy, fainting attached, giddiness or blackouts	☐	☐	
Have diabetes or does anyone in your family	☐	☐	
Had problems with bleeding following a tooth extraction, surgery or injury, or do you take medication, i.e. Warfarin	☐	☐	
Carry a warning card	☐	☐	
Have any other relevant medical information that the dentist should know about, e.g. HIV, Hepatitis A,B,C,D	☐	☐	
What is your weekly consumption of alcohol			
If you smoke, what is your average per week			

Patient's Signature		Date	

Please inform your dentist of your medical history has changed since you last completed the above