

**Allan I. Taylor**  
**Specialist in Orthodontics**

www.straightsmiles.co.uk

**NEW PATIENT QUESTIONNAIRE**

Mr/Mrs/Miss/Ms//Dr:..... Patient's Name: ..... Date of Birth: .....  
Address: ..... Post code: .....  
Tel no.....Mobile no..... Occupation.....  
GP's Name/Telephone no.....Referring Dentist.....

- Are you pregnant, if yes please state when your baby is due? -----
- Are you attending or receiving treatment from a doctor/hospital/specialist? Yes/No
- Are you taking any medicines from your doctor? (tablets/creams/injections,etc) Yes/No
- Are you taking or have you taken steroids in the last two years? Yes/No
- Are you allergic to any medicines, foods, materials or latex? Yes/No
- Have you had rheumatic fever? Yes/No
- Have you had any heart problems, or angina? Yes/No
- Have you had a bad reaction to a general anaesthetic? Yes/No
- Have you been hospitalised? If Yes what for and when? Yes/No
- Do you have a pacemaker or have you had any form of heart surgery? Yes/No
- Do you suffer from bronchitis, asthma, or other chest condition? Yes/No
- Do you have fainting attacks, giddiness, blackouts or epilepsy? Yes/No
- Do you have diabetes? Yes/No
- Do you bruise easily or bleed so as to cause concern after surgery? Yes/No
- Do you have hepatitis or any other transmissible disease? Yes/No
- Do you carry a warning card? Yes/No
- Are there any other health related issues that we should know about? Yes/No

Completed by: Self/Parent/Guardian      Signed -----      Date.....