DR.					
MR.	EMAIL ADDRESS:				
MRS.					
MISS	NAME YOU GO BY			DATE:	
☐ SINGLE ☐ MARRIE	ED DIVORCED WIDOWED BIRTHDA	TE		SOC.SEC.NO	
CITY	STATE		ZIP		
OCCUPATION				WORK PHONE	
PARENT/SPOUSE					
OCCUPATION					
				WORK PHONE	
DO YOU HAVE ANY FO	RM OF DENTAL INSURANCE?		🗆 NO		
INSURANCE CO			I	NSURED PERSON	
PHONE NO		SOC. S	SEC. NO. OF	NSURED PERSON	
WHOM MAY WE THAN	K FOR REFERRING YOU TO OUR OFFICE?				
	DENTAL				
	DENTA	L HISTOR\	r		
WHY DID YOU I FAVE	YOUR LAST DENTIST?				
	EN SINCE YOUR LAST DENTAL APPOINTMEN				
	THAT TIME?				
WHAT IS YOUR MAIN L	DENTAL CONCERN?				
			NO	YES SPECIFY	
HAVE YOU EVER HAD	D A BAD DENTAL EXPERIENCE?				
• ARE YOUR TEETH SE	ENSITIVE TO HOT, COLD, PRESSURE OR SWEI	ETS?			
• DO YOU HAVE A PRO	BLEM AREA WHERE FOOD CATCHES				
EASILY & FREQU	ENTLY?				
• DO YOUR JAWS EVE	R POP OR ACHE?				
• DO YOU TEND TO CH	HEW PREDOMINANTLY ON ONE SIDE?				
• DO YOU GRIND OF C	LINCH YOUR TEETH?				
• ARE YOU MISSING AN					
• IF YES, HAVE THEY B					
	DU EVER WORN ANY REMOVABLE APPLIANCE	.5?			
	D ANY ABNORMAL BLEEDING DUE TO				
SURGERY OR EX					
• DO YOUR GUMS EVE	R BLEED?				
• ARE YOU AWARE OF	RECEDING GUMS?				
• HAVE YOU EVER HAD	O ANY GUM TREATMENT?				
CIRCLE ONE:					
1. My mouth is	A) very comfortable B) moderately comfortable				
	C) uncomfortable				
0 1		-+			
2. l l am	A) think the appearance of my mouth is excellerB) satisfied with the appearance of my mouth.	nt.			
1 4111	C) dissatisfied with the appearance of my mouth	٦.			
3. I	A) have always done the best that was recommo	ended for my	dental health		
. .	B) have not done what dentists have recommen	nded for my m	outh.		
	C) rarely go, and don't care much about having	any dental wo	ork completed		
4. I	A) put dentistry for myself and my family high or				
	B) put dentistry for myself and my family low on C) It's on my list but hard to find.	my priority lis	st.		

	5. I think r	my present state of dental health is:	A) Excellen	t	B) Good	C) Poor		
	6. I aspire	to a mouth with:	A) Excellen	t Health	B) Good Health	C) Poor Healtl	ı	
	7. What are some questions about dentistry and oral health that you have never had adequately answered:							
NAME	A) Excellent Health B) Good Health C) Poor Health 7. What are some questions about dentistry and oral health that you have never had adequately answered: MEDICAL HISTORY MEDICAL HISTORY MEDICAL HISTORY MEDICAL HISTORY MEDICAL HISTORY MEDICAL HISTORY MEDICATIONS NOW? IF YES, LIST MEDICAL HISTORY MEDICATIONS NOW? IF YES, LIST MEDICAL HOLD MEDICATIONS NOW? IF YES, LIST MEDICAL HOLD MEDICATIONS NOW? MEDICATIONS NOW MEDICATIONS NOW? MEDICATIONS NOW MEDICATIONS NOW MEDICATIONS NOW HOLD MEDICATIONS MEDICATIONS NOW HAVE MEDICATIONS MEDICATIONS MEDICATIONS NOW HAVE MEDICATIONS MEDICATIONS							
ARE Y	OU TAKING	ANY MEDICATIONS NOW?	IF YES					
		,	· —					
					OR HEPATITIS?	☐ YES ☐ NO RE	SULTS	
		CIRCLE ANY OF THE I			HAVE HAD OR NO	W HAVE:		
 RHEUMATIC FEVER HEART MURMUR MITRAL VALVE PROLAPSE OTHER HEART RELATED PROBLEMS (SPECIFY BELOW) HAVE YOU HAD A JOINT REPLACEMENT OR PROTHESIS? (SPECIFY BELOW) HIGH BLOOD PRESSURE ANEMIA ANY CURRENT OR RE CURRENT ILLNESSES (SPECIFY BELOW) UNINTENTIONAL WEIGHT LOSS LYMPHADENOPATHY OR ANY ORAL SOFT TISSUE LESIONS HAVE YOU HAD A TRANSPLANT? (SPECIFY BELOW) 			• THYROID • KIDNEY OR DIALYSIS • GLAUCOMA • VENEREAL DISEASE • HERPES • TUBERCULOSIS • DIABETES • ASTHMA • HEPATITIS - TYPE					
	_	ND THAT THE FINANCIAL P UNLESS PRIOR ARRANGEN				OR SERVICES	S WHEN	
						nt's Signature Guardian's Signatu	ire	
	HA	VE THERE BEEN ANY CHANG	ES IN YOUR M	EDICAL	HISTORY SINCE	YOUR LAST VI	SIT?	
	DATE	CHANGES IF ANY	INITIALS	DATE	CHANG	GES IF ANY	INITIALS	

HAVE THERE BEEN ANY CHANGES IN YOUR MEDICAL HISTORY SINCE YOUR LAST VISIT?						
DATE	CHANGES IF ANY	INITIALS	DATE	CHANGES IF ANY	INITIALS	