

PATIENT INFORMATION AND HEALTH HISTORY

INITIAL EXAM

DATE _____

PATIENT'S NAME _____ DATE OF BIRTH _____

SINGLE MARRIED DIVORCED SEPARATED WIDOWED

PATIENT'S ADDRESS _____ PATIENT'S PHONE _____

PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RESIDENCE PHONE _____

EMAIL ADDRESS _____

EMPLOYED BY _____ CELL PHONE _____

BUSINESS ADDRESS _____ PATIENT'S SS# _____

DENTAL INSURANCE PLAN (IF ANY) _____ REFERRED BY _____

DENTAL HISTORY

CHIEF ORAL COMPLAINT _____

DATE OF LAST DENTAL EXAM. _____ ANY PREVIOUS MAJOR DENTAL TREATMENT, YES NO WHEN _____

DO YOU HAVE OR DO YOU USE ANY OF THE FOLLOWING - INDICATE WITH A (✓)

- Teeth sensitive to cold, heat, sweets or pressure
Bad breath
Cigarettes, pipe or cigar smoking
Bleeding gums. How long
Unpleasant taste
Texture of toothbrush
Food impaction
Unfavorable dental experience
Frequency of brushing
Clenching or grinding
Complications from extractions
Dental Floss
Burning of tongue
Periodontal treatment
Inter dental stimulators
Swelling or lumps in mouth
Orthodontic treatment
Water jet device
Frequent blisters on lips or mouth
Mouth breathing
Disclosing tablets or solution
Pain around ear
Oral habits, i.e., fingernail biting
Fluoride supplements
Unusual sounds in ear while eating
cheek biting, etc.

MEDICAL HISTORY

PHYSICIAN'S NAME _____ DATE OF LAST PHYSICAL EXAM. _____ AGE _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING - INDICATE WITH A (✓)

- Allergies to drugs
Asthma
Stroke
Allergies to anesthetics
Hay fever or allergies in general
Thyroid
Any heart ailments
Diabetes
Eye disorders
High blood pressure
Kidney problems
Tonsillitis
Neurological problems
Liver problems or hepatitis
Tuberculosis
Radiation treatments
Malignancies
Ulcer or colitis
Excessive bleeding from cut or extraction
Psychiatric care/emotional problems
Pregnancy
Anemia or blood problems
Rheumatic fever
If so, what month
Arthritis
Sinus problems
Venereal disease

Describe any current medical treatment including drugs taken, even though not listed above _____

APPOINTMENTS: A minimum charge will be made for failed or cancelled appointment without prior notification of 24 hours. This fee covers only a portion of the overhead such as salaries, electric, heat, etc., which still has to be paid whether you are present or not. Once an appointment is made, please remember this time has been reserved for you.

INSURANCE: To avoid misunderstanding regarding dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees. We will prepare necessary forms or reports to help you obtain your benefits from insurance companies, upon receipt of full (or partial) payment of bill. We do not render our services on the basis that insurance companies will pay all our fees. Each fee is individual for the individual patient.