General Information

Todays Date

First Name

Last Name

Age

Address

City

Zip

Marital status ○ Single ○ Married ○ Separated ○ Divorced ○ Widow

Phone

Cell

Email

SS#

Occupation

Employer

Business Address

City

Phone

Name Of Nearest Relative

Address

City

Zip

Phone

Who can we thank for referring you to us ?

Person Responsible for this account –

Dental insurance - ○ Yes ○ No

Medical History

Name Of Physician

Phone

Address

When did you have your last medical examination ?

Is your doctor treating you now ?

Do you ever had any serious illness ?

Do you faint easily ?

Do you have any allergies ?

Are you hypersensitive to any medicine or drugs ?

Do you have diabetes ?

Do you have heart disease or murmur ?

Do you suffer from high blood pressure ?

Have you ever had rheumatic fever ?

Have you ever taken cortisone or steroids ?

Do you have abnormal bleeding ?

Have you ever been hospitalized or had surgery ?

Dental insurance - ☐ Penicillin ☐ Nitrous Oxide (Gas) ☐ Local anesthetic (Freezing)

Have you ever had ill effects from the above drugs ?

Are you presently pregnant ?

Are you presently taking any medications, please list

ARE YOU AFFLICTED WITH OR HAVE YOU EVER BEEN TREATED FOR ANY OF THE FOLLOWING:

- ☐ Chest pain
- ☐ Thyroid disease
- ☐ Epilepsy
- ☐ Severe headache
- ☐ Anemia
- ☐ Blood cancer
- ☐ Hepatitis
- ☐ Lung problems/TB
- ☐ Cancer

- ☐ Joint replacement
- ☐ Aids
- ☐ Asthma
- ☐ Stroke
- ☐ Ulcers
- ☐ Prolapsed mitral valve
- ☐ Pacemaker
- ☐ Nervous tension
- ☐ Hypoglycemia
- ☐ Drug abuse
- ☐ Kidney or liver disease
- ☐ Osteoporosis
- ☐ Venereal disease

Dental Information

When was your last complete dental exam ?

When was your last series of Xrays of the jaw & teeth taken ?

Who was your last dentist ?

Why did you changed your dentist ?

Do you have pain in chewing ?

Do you have any sores in your mouth ?

Do you notice a clicking or cracking of the jaw in opening or closing?

Have you ever had a tooth extracted ?

Any complications ?

Have you ever had any crowns,bridges or dentures ?

Are you aware of bad breath or taste in your mouth ?

Has your dental work been done with the use of local anesthetic?

Do you want to keep your teeth ?

Are you tense during dental visits ?

***I authorize the doctor and assistants that he delegates to perform dental and oral surgical procedures including the use of Xrays and drugs,that he feels necessary for my oral health.I assume the responsiblity for fees associated with the procedures.

PLEASE NOTE : Your appointment time is especially for you.If you cannot keep the appointment,we require 24 hour notice.If we are not notified you will be charged for that lost time.

****office policy is such that services are paid for at each visit as they are performed.**

Signature