



Name : \_\_\_\_\_

DOB:: \_\_\_\_\_

**Patient Personal Information**

Name: Last, First \_\_\_\_\_ Title \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Martial Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Email \_\_\_\_\_

Drivers Lic \_\_\_\_\_ SSN \_\_\_\_\_

How did you hear about us? Online (specify) \_\_\_\_\_ Flyer \_\_\_\_\_ Referral \_\_\_\_\_

Other (specify) \_\_\_\_\_

Is patient responsible for paying bills? Yes \_\_\_\_\_ No \_\_\_\_\_

**Personal responsible/guarantor for paying bills:**

Name: Last, First \_\_\_\_\_ Title \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Martial Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Email \_\_\_\_\_

Drivers Lic \_\_\_\_\_ SSN \_\_\_\_\_

**Dental Insurance**

Do you have **Primary** Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Group No./Name \_\_\_\_\_

Insurance Name \_\_\_\_\_

Phone # \_\_\_\_\_

Employer Name \_\_\_\_\_

Subscriber Last, First \_\_\_\_\_

Subscriber Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Birth Date \_\_\_\_\_

Subscriber ID \_\_\_\_\_

Do you have **Secondary** Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Group No./Name \_\_\_\_\_

Insurance Name \_\_\_\_\_

Phone # \_\_\_\_\_

Employer Name \_\_\_\_\_

Subscriber Last, First \_\_\_\_\_

Subscriber Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Birth Date \_\_\_\_\_

Subscriber ID \_\_\_\_\_

Name : \_\_\_\_\_

DOB:: \_\_\_\_\_

## Medical Alerts

Do You Have the Following:

### Allergy to:

- Amoxicillin
- Aspirin or Ibuprofen
- Augmentin
- Epinephrine Sensitivity/Allergy
- Erythromycin
- Clindamycin
- Codeine / other Pain Killer
- Iodine
- Local Anesthetic
- Metals Allergy
- Penicillin Allergy
- Sedatives/ Barbiturates
- Sulfa Drugs
- Other Allergy (list on form)

Are you Using any of the

### Following:

- Antibiotics
- Anticoagulants / Blood Thinners
- Aspirin
- Cortisone / Prednisone
- High Blood Pressure Medication
- Insulin
- Oral Anti-Diabetic
- Motrin/Aleve/Ibuprofen
- Nitroglycerine

### Currently Taking or Ever Taken

- Actonel
- Aredia
- Boniva
- Fosamax
- Prolia
- Reclast
- Zometa
- Other Bisphosphonates

### Check if Applicable:

- Premedication Needed
- Alcohol/Drug Abuse
- Cancer/Tumor Growth
- Chemotherapy/Radiation
- Communication Issues
- Developmental Delay
- Learning Problems
- Organ Transplant
- Sensory Integration Disorder
- Wheel Chair Use

### Ear, Nose, Throat, Eyes

- Canker Sores
- Cold Sores (Herpes)
- Ear Aches (Otitis)
- Frequ. Dry Mouth/ Sjogrens
- Glaucoma
- Large Tonsils / Adenoids
- Hay Fever / Seasonal Allergies
- Sinus Problems
- Vision Loss

### Heart Conditions

- Mitral Valve Prolapse
- Angina
- Chest Pain
- Congenital Heart Defects
- Congestive Heart Failure
- Coronary Artery Disease
- Heart Attack
- Heart Surgery
- Heart Damage
- Heart Murmur
- Heart Valve Replacement
- Irregular Heart Beat
- Pacemaker
- Defibrillator
- Rheumatic Fever

### Lung Conditions

- Asthma
- Bronchitis
- Chronic Cough
- COPD
- Emphysema
- Pneumonia
- Reactive Airway Disease
- Shortness of Breath
- Sleep Apnea
- Tuberculosis

### Vascular/Blood Conditions

- Anemia
- Leukemia
- Excessive, Prolonged Bleeding
- High Blood Pressure
- Low Blood Pressure
- Leg Bypass Surgery

### Gastrointestinal Conditions

- Acid Reflux
- Cirrhosis
- Colitis / IBS
- Crohn's Disease

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Intestinal Bleeding
- Ulcers

### Muscle/Bone/Skin Conditions

- Arthritis
- Artificial Joints
- Back Problems
- History of Skin Problems
- Joint Problems
- Muscle Problems
- Neck Problems
- Osteoporosis

### Nervous System Conditions

- ADD/ADHD
- Alzheimer's
- Anorexia/Bulimia
- Anxiety
- Autism Spectrum Disorder
- Bipolar Disease
- Cerebral Palsy
- Dementia
- Depression
- Epilepsy
- Fainting Spells
- Injury to head
- Migraines
- Muscular Dystrophy
- Numb Areas
- Paralysis
- Seizures
- Stroke
- Other Psychiatric Conditions

### Endocrine Conditions

- Diabetes Type I
- Diabetes Type II
- Low Blood Sugar
- Thyroid Problems

### Immune System Conditions

- HIV/AIDS
- Lupus
- Rheumatoid Arthritis

### Other Conditions

- Jaundice
- Liver Disease
- Measles, Mumps, Chickenpox
- Other Medical Conditions

I have read and understand all of the above risks and complications

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name : \_\_\_\_\_

DOB:: \_\_\_\_\_

## Dental Questionnaire

1. Name, Address & Phone of Previous/Referring Dentist: \_\_\_\_\_
2. When did you last visit a dentist? \_\_\_\_\_
3. What was done at that time? \_\_\_\_\_
4. Why did you leave that dentist? \_\_\_\_\_
5. Date of your last cleaning \_\_\_\_\_
6. Date of your last exam \_\_\_\_\_
7. Date of your last full series of x-rays \_\_\_\_\_
8. Date of last cavity detection (bitewing) X-rays \_\_\_\_\_
9. Has any dental treatment been recommended to you that you have not done?  Yes, Describe \_\_\_\_\_ No
10. Are you aware of any dental problems?  Yes, Describe \_\_\_\_\_ No
11. What do you feel is the present condition of your mouth?  Yes, Describe \_\_\_\_\_ No
12. Do your gums bleed while brushing or flossing?  Yes \_\_\_\_\_ No
13. Have you ever been treated for gum disease?  Yes, Describe \_\_\_\_\_ No
14. Are your teeth sensitive to any of the following?  Sweet    Cold    Heat    Pressure    Nothing
15. Are you happy with the appearance of your smile?  Yes    No, Explain \_\_\_\_\_
16. Are you concerned with bad breath (malodor)?  Yes    No
17. Are you concerned with snoring or sleep apnea?  Yes    No
18. Are you concerned with grinding your teeth (bruxism)?  Yes    No
19. Are you aware of possible TMJ problems (does your jaw make noise or lock up?)\_  Yes    No
20. Have you had any injury to your teeth, jaw or face?  Yes    No
21. Do you have dental anxiety?  Yes    No
22. If yes, is there anything you re aware of that helps alleviate that anxiety? \_\_\_\_\_

Is there anything else that would be helpful for you dentist to know?

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