

DENTAL HISTORY

Yes No

- Are your teeth sensitive to:
 - Heat Cold Sweets Biting Pressure
- Does food constantly get stuck between certain teeth in your mouth?
- Do you get frustrated because you always have some teeth to be treated or repaired ?
- Are you dissatisfied with your teeth in any way?
- Are you dissatisfied with the way your teeth look: Color, shape, spaces, etc.
- Would you like your teeth to be whiter?
- Do you have fillings that show when you smile?
- If any of your mercury amalgams (silver) fillings need replacement, would you prefer to have a more natural tooth-colored restoration?
- Do your gums bleed when brushing?
- Have you been instructed in proper home care?
- Do you have an unpleasant taste or odor in your mouth?
- Do you smoke?
- Do you frequently snack between meals on sweets or chew gum?
How often do you brush your teeth? _____
How often do you floss? _____
- Do you want to learn to control dental disease and retain your teeth?
- Has the fear of discomfort kept you from regular dental visits?
- Are you deeply concerned about the finances that may be required to return your mouth to excellent dental health?

When was your last dental appointment? _____

What did you have done? _____

How long since your last *thorough* examination with full-mouth x-rays? _____

What prompted you to seek dental care at this time? _____

Why did you leave your last dentist _____

MEDICAL HISTORY

Yes No

- Do you have any general health problems? If so, please specify. _____
- Are you allergic to any medications? If so, please specify. _____
- Are you currently taking any drugs or medication? If so, please specify. _____

Yes No To your knowledge, are you or have you ever been afflicted with:

- Heart Ailment
- Artificial Heart Valve
- Artificial Joint
- Mitral Valve Prolapse
- Diabetes
- Rheumatic Fever
- Liver or Kidney Disease
- High Blood Pressure
- Lung Ailment
- Hepatitis
- AIDS / HIV+
- Tuberculosis
- Prolonged Bleeding
- Thyroid Disorder
- Tumors or Growths
- (Women) Are you pregnant? Due: _____

Have you been advised by your physician to take an antibiotic before all dental appointments for medical reasons? If so, please specify. _____

I, the undersigned, agree to the release of any pertinent information as needed to process any dental claims. I also understand that I am financially responsible for any and all charges incurred for my dental health and agree to pay all due expenses in a timely manner regardless of anticipated insurance estimates/payments.

Signature of patient, parent or guardian

Date