

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 that 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 currently under a physician's care?

If so, reason_____

Are you currently taking any drugs or medication?

If so, what_____

To the best of 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
- Allergy to any Drugs If so, please list_____

(Women) Are you pregnant? Due:_____

List any health problems you think we should know about

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 _____