

INTRODUCTIONS

Patient's Name _____ Preferred Name _____
Social Security Number _____ Email _____
Phone (H) _____ (W) _____ Marital Status _____
Birth Date _____ Employer _____
Address _____

GETTING TO KNOW YOU

Whom can we thank for referring you? _____
How long since your last dental visit? _____ What was done? _____
If you could wave a magic wand and change anything about your teeth or smile what would it be? _____

If your teeth could be whitened easily, would you be interested? _____
Are you interested in avoid bad breath? _____

What dental services have you had? Please indicate with an **X**
Cleanings _____ Fillings _____ Extractions _____ Braces _____
Root Canals _____ Caps or Crowns _____ Bleaching _____ TMJ _____
Implants _____ Cosmetic Bonding _____ Treatment of Gum Disease _____
Have you had problems or undesirable experiences with previous dental treatments? (If yes, please explain) _____

What can we do to make you most comfortable? _____
Is there anything else you would like us to be aware of? _____

PERSONAL HEALTHCARE ISSUES

Do you us any tobacco products? (YES) (NO) _____ What / How much per day? _____ How long? _____
Please describe any regular exercise that you do: _____
How often do you use your toothbrush? _____ Type: _____ Floss? _____
Toothpaste? _____ Brand? _____ Toothpick? _____ Other? _____
Are you on a special diet? _____ If yes, please describe: _____

Are you aware of any medical problems? _____
Are you under the care of a healthcare provider? _____ May we consult with them? _____
Name & phone # of provider: _____ (Women) Are you Pregnant? _____
How far long? _____ Nursing? _____ Taking birth control pills? _____
Please list any medications or supplements you are currently taking: _____

ACCOUNT INFORMATION

Insurance Co. Name: _____ Phone # _____
Insurance Co. Address: _____ Group # _____
Are your benefits through another person's employer? _____ Insurance Holder Name: _____
Relationship to patient _____ Birth Date: _____ Social Security #: _____
Address, if different than the pateint: _____

