PATIENT INFORMATION AND HEALTH HISTORY ©

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DATE_____

PATIENT NAME_____ DATE OF BIRTH_____
☐ SINGLE ☐ MARRIED ☐ LONG TERM PARTNER ☐ WIDOWED ☐ DIVORCED

ADDRESS_____ HOME PHONE_____
CITY STATE ZIP

EMPLOYED BY_____ BUSINESS PHONE_____ CELL PHONE_____

E-MAIL_____ WHOM DO WE THANK FOR THIS REFERRAL?_____

WHOM DO WE CONTACT IN CASE OF EMERGENCY? _____ PHONE_____

PRIMARY INSURANCE

PERSON RESPONSIBLE FOR ACCOUNT _____

RELATION TO PATIENT _____ DATE OF BIRTH_____ SOCIAL SECURITY #_____

EMPLOYED BY_____ DENTAL INSURANCE CO._____

GROUP # _____ SUBSCRIBER #_____

DENTAL HISTORY

CHIEF ORAL COMPLAINT_____

DATE OF LAST DENTAL EXAM _____ DATE OF LAST FULL SERIES X-RAYS_____

DO YOU HAVE OR USE ANY OF THE FOLLOWING?

- ☐ Alcohol / Recreational Drugs
- ☐ Anxiety about Dental Treatment
- ☐ Bad Breath / Unpleasant Taste
- ☐ Bleeding Gums, How Long_____
- ☐ Burning Sensation on Tongue
- ☐ Chew on One Side of Mouth
- ☐ Cigarettes, Pipe, or Cigar Smoking
- ☐ Clenching or Grinding
- ☐ Complications from Extractions
- ☐ Dental Floss
- ☐ Difficulty Getting Numb
- ☐ Dry Mouth
- ☐ Ear Ache, Ringing in Ears
- ☐ Fluoride Supplements
- ☐ Food Packing Between Teeth
- ☐ Frequent Blisters on Lips or Mouth
- ☐ Hearing Loss
- ☐ Inter-dental Stimulators
- ☐ Mouth Breathing
- ☐ Night Guard
- ☐ Oral Habits, Such as Fingernail or Cheek Biting
- ☐ Orthodontic Treatment
- ☐ Pain Around Ear
- ☐ Periodontal Treatment
- ☐ Swelling, Tenderness, or Lumps in Mouth
- ☐ Teeth Sensitive to Cold
- ☐ Teeth Sensitive to Hot
- ☐ Teeth Sensitive to Sweets
- ☐ Teeth Sensitive to Pressure
- ☐ Texture of Toothbrush_____
- ☐ TMJ
- ☐ Unfavorable Dental Experience
- ☐ Unusual Sounds in Ear While Eating
- ☐ Water Jet Device
- ☐ How often do you brush your teeth?_____
- ☐ How often do you brush your tongue?_____

Do you need to pre-medicate before dental treatment? _____ If you have a history of rheumatic heart disease, hip or knee replacement, mitral valve prolapse, or metal bars or screws implanted in your body, you may be required to pre-medicate with antibiotics prior to your dental visit.