



DATE \_\_\_\_\_ APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

Personal Information

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Work \_\_\_\_\_ Ext \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Current Employer \_\_\_\_\_ Years Held: \_\_\_\_\_

Pre-Med?: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Insurance Information

Insurance Company \_\_\_\_\_ Group Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Holder's SS# \_\_\_\_\_ DOB \_\_\_\_\_

Dental History

Previous Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Last Dental Visit \_\_\_\_\_ Last Dental X-Rays \_\_\_\_\_

What is the reason for your visit?:

Do your gums bleed when you brush or floss? <b>Yes / No</b>	Do you have sores or ulcers in your mouth? <b>Yes / No</b>
Are your teeth sensitive to hot, cold, sweets or pressure? <b>Yes / No</b>	Are you currently experiencing any dental pain or discomfort? <b>Yes / No</b>
Does food or floss catch between your teeth? <b>Yes / No</b>	Do you have earaches or neck pain? <b>Yes / No</b>
Have you had any problems with Dental Anesthesia? <b>Yes / No</b>	Do you have clicking, popping or discomfort in the jaw? <b>Yes / No</b>
Do you have dry mouth? <b>Yes / No</b>	Do you clench or grind your teeth? <b>Yes / No</b>
Do you wear dentures or partials? <b>Yes / No</b>	Are you interested in teeth whitening? <b>Yes / No</b>
Have you been diagnosed with periodontal disease? <b>Yes / No</b> <b>If Yes</b> , have you ever had scaling & root planing (deep cleaning)? <b>Yes / No</b>	Have you had orthodontic treatment? <b>Yes / No</b> <b>If No</b> , are you interested in Ortho Treatment? <b>Yes / No</b>
Are you interested in changing the appearance of your teeth?	<b>Yes / No</b>
Have you had any problems associated with previous dental procedures/treatment?(E.g. dental anesthesia) <b>If yes</b> , please explain.	<b>Yes/ No</b>
Do you have any dental phobias? <b>If yes</b> , please explain	<b>Yes / No</b>