

PATIENT INFORMATION

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Patient's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_
Patient Employed By \_\_\_\_\_ How Long? \_\_\_\_\_
Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_
Party Responsible For This Account \_\_\_\_\_
Referred By: \_\_\_\_\_

IF YOU HAVE DENTAL INSURANCE PLEASE COMPLETE THE FOLLOWING:

Insured: \_\_\_\_\_ SS# \_\_\_\_\_ LOCAL \_\_\_\_\_
Name of Plan \_\_\_\_\_ PLAN # \_\_\_\_\_
Do you have other dental coverage? \_\_\_\_\_ If yes, please give us the following:
Insured: \_\_\_\_\_ SS# \_\_\_\_\_ LOCAL \_\_\_\_\_
Name of Plan \_\_\_\_\_ PLAN # \_\_\_\_\_

PLEASE FURNISH US WITH COMPLETED COPIES OF YOUR OWN COMPANY'S INSURANCE FORMS

DENTAL HEALTH HISTORY

Patient's Dentist \_\_\_\_\_ How Long? \_\_\_\_\_
Has your dental care been: [ ] Regular (yearly) [ ] Intermittent (when necessary) [ ] Infrequent (when in pain)
Dental problem at the moment \_\_\_\_\_
Have you had any unfavorable experience from previous dental treatment? \_\_\_\_\_
If yes, give details: \_\_\_\_\_
Approximate date when your teeth were last "cleaned" \_\_\_\_\_
What aids do you use to clean your teeth and gums? \_\_\_\_\_
Have you ever had [ ] Periodontic, [ ] Orthodontic, or [ ] Endodontic treatment? \_\_\_\_\_ When \_\_\_\_\_
How did you discover that you had periodontal problems? [ ] Mentioned by dentist? [ ] Noticed it yourself?
Have you ever experienced any of the following?
[ ] Bleeding gums [ ] Pus around the teeth [ ] Foul odor
[ ] Swelling of gums (abscesses) [ ] Loose teeth [ ] Bad breath or bad taste
[ ] Pain or soreness in gums [ ] Spaces between teeth [ ] Food packing between teeth
[ ] Receding gums [ ] Drifting of teeth [ ] High or rough fillings
[ ] Trenchmouth [ ] Jaw clicks [ ] Clench or grind your teeth
Is there sensitivity in your teeth? \_\_\_\_\_
[ ] Hot [ ] Sweet [ ] Toothbrushing
[ ] Cold [ ] Biting [ ] Pressure
Would you be very disturbed if you had to lose your teeth and wear false teeth? \_\_\_\_\_
Have you ever had an injury to your face, neck, or jaws? \_\_\_\_\_
Do you suffer from pain in the face, neck, or jaws? \_\_\_\_\_