Welcome! Thank you for taking the time to complete this brief two page questionnaire. The answers to the questions will help us provide you with the best care. We are committed to your optimum dental health.

About You

Name _____I prefer to be called _____

[ ] male [ ] female [ ] single [ ] married

Birthdate _____/_____/_____

Address _____

Mobile # _____

Home # _____ (optional)

E-mail _____

Occupation/Employer: _____

Who can we thank for recommending our office? _____

Spouse or other Emergency Contact

Name _____ Relationship _____

Emergency Contact Telephone# _____

Please check the statements below that best represent the dental health you wish to achieve:

[ ] **HEALTH LEVEL 1—Emergency Care**
I am only interested in emergency dental care for the relief of pain and/or cosmetic embarrassment.

[ ] **HEALTH LEVEL 2—Maintenance Care**
I am interested in maintenance care and the prevention of the disease process. Also the repair of existing problems. I would like to address cavities, broken teeth, gum disease, teeth grinding, missing teeth that destabilize the arch, and so forth.

[ ] **HEALTH LEVEL 3—Cosmetic** I am interested in whitening, orthodontics, veneers, cosmetic crowns, etc.

Health History

Have you had or do you have any of the following:

[ ] Allergy, Penicillin
[ ] Allergy, Latex
[ ] Angina
[ ] Bisphosphonates
[ ] Bleeding Disorder
[ ] Blood Thinner
[ ] Cancer
[ ] Currently Pregnant
[ ] Heart Attack
[ ] Joint Replacement
[ ] Premedication
[ ] Artificial ❤ Valves
[ ] Asthma
[ ] Cold Sores
[ ] Diabetes
[ ] Epilepsy/Seizures
[ ] Glaucoma
[ ] Hard to Numb
[ ] Hepatitis
[ ] High Blood Press.
[ ] HIV/AIDS
[ ] Kidney Problems
[ ] Liver Disease
[ ] Pacemaker
[ ] Stroke
[ ] Tobacco Use
[ ] Thyroid Problems
[ ] TMJ Problems
[ ] Tuberculosis
[ ] None of the Above

Do you have any medical conditions not listed above?

_____

When was your last dental visit?
[ ] within the past year [ ] 2-4 years ago [ ] over 4 years ago
I have a [ ] low [ ] moderate [ ] extreme fear of going to the dentist
My mouth and teeth are [ ] comfortable [ ] not comfortable
I am [ ] satisfied [ ] dissatisfied with the appearance of my teeth.
I would say my main concern and/or concerns with my dental health is/are:

_____

If you are taking medications and/or herbal supplements, please list below:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Signature _____ Date _____