PATIENT NAME			Birth Date			
Name of Medical Doctor:	Dr'	's Address:				
		Relationship:				
DENTAL HISTORY				Yes	No	
1. Do you have a specific denta	al problem? Describe					
•	-					
-						
7. Do you feel pain to any of your teeth?						
8. Do you ever have clicking, popping, or discomfort in the jaw joint?						
9. Do you clench or grind your teeth?						
10. Do you bite your lips or cheeks frequently?						
11. Have you had any orthodontic work?						
12. Have you ever had instruction on the correct method of brushing and flossing?						
13. What would you like to cha	nge about your smile?			_ 🗆		
14. Date of last full mouth X-ray	ys	Previous dental visit		_		
15. Previous dentist	Phone numbe	er of previous dentist		_		
MEDICAL HISTORY					 Ye	s No
16. Are you under medical trea	tment? Why?	Physicial	Dhara		□	
17 Have you ever been hospit	alized or had a maior operation?	Describe] [
		Describe				
19. Do you use tobacco?	io injuity to your mode of moon. D					
	e. or other drugs? Which?					_
21. Women (Please check)			□ Taking birth	contr		
22. Are you allergic to or have			.			
Yes No □ Local Anesthetics	Yes No □ □ Penicillin	Yes No □ □ Sulfa	Yes No □ □ Latex			
□ □ Aspirin	□ □ Codeine	□ □ Acrylic	□ □ Other			
	ou ever had any of the following	?				
Yes No □ □ Heart Murmur*	Yes No □ Dizziness/Fainting	Yes No □ □ Jaundice	Yes No □ □ Sinus Pro	blem	s	
□ □ Joint Replacement*	□ □ Epilepsy	□ □ Kidney Disease	□ □ Stroke			
□ □ Mitral Valve Prolapse*	□ □ Excessive Bleeding	□ □ Liver Disease	□ □ Thyroid Problem			
□ □ Rheumatic Fever*	□ □ Hearing Disorder	□ □ Low Blood Pressure	□ □ Tuberculo	osis		
□ □ Allergies □ □ Asthma	□ □ Heart Disease□ □ Hepatitis	□ □ Nervous Disorders□ □ Pacemaker	□ □ Ulcers □ □ Other			
□ □ Cancer	□ □ High Blood Pressure	□ □ Pregnancy				
□ □ Diabetes	□ □ HIV/AIDS	□ □ Radiation Treatment				
MEDICATIONS						
24. Please list all medications t	hat you are now taking					
	,					
		To the best of my knowledge, the rmation can be dangerous to my		ıs hav	re bee	n
•	tand that providing incorrect line	mation can be dangerous to my	nealui.			
X			Date			
e.g. attack of a attack, i attack of oddition			Date			