## DENTAL HISTORY

What Is The Purpose Of Your Visit? _____
Approx Date Of Last Dental Visit & Purpose: _____
Reason For Leaving Previous Dentist? _____
Have You Ever Had Periodontal (Gum) Treatment? _____
Do Your Gums Bleed, Feel Tender, or Irritated? _____
Approx Date Of Your Last Exam/Cleaning: _____
How Often Do You Brush Your Teeth? _____
Do You Floss? _____ How Often? _____
Would You Be Interested In Whiter & Brighter Teeth? _____
Are You Concerned With Bad Breath? _____

## MEDICAL HISTORY

Physician's Name: _____
Are You Under A Physician's Care? _____
If Yes, Please Explain: _____
Have You Ever Been Hospitalized, Had Major Surgery, Serious Illness? _____
If Yes, Please Explain: _____
Please List Medications You Are Taking & Reason For Each: _____
Have You Ever Had Any Unusual Reactions To A Drug Or Anesthetic? _____
(Ex: Penicillin, Codeine, Aspirin, Etc.)? _____
Are You Allergic To Latex? _____
Are You Allergic To Any Metals (Costume Jewelry, etc.)? _____
Do You Have Trouble With Prolonged Bleeding After Surgery, With A Cut, Or After A Tooth Extraction? _____
Are You HIV Positive? _____
Do You Have Any Intravenous Devices (Ex. PICC Line, Portacath, CSF Shunt or Hickman Catheter)? _____
Are You On Dialysis? _____
Do You Have Any Joint Implants, Donor Organs, Artificial Valves/Vessels, Or Use A Pacemaker? _____
WOMEN: Is There A Possibility That You Could Be Pregnant? _____
Estimated Due Date: _____

I understand that if payment is not received at time of service, the practitioners at their discretion may place my account with a collection agency. If this action is necessary, I agree to pay the costs associated with collection agency fees.

Do You Have Or Ever Had The Following (Please Check):

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| AIDS | Hemophilia | Nervous Problems |
| Anemia | Heart Trouble | Respiratory Disease |
| Stomach Disease | Asthma | Stroke |
| Cerebral Palsy | Hepatitis | Tuberculosis |
| Diabetes | High Blood Pressure | Epilepsy |
| Kidney Disease | Liver Disease | |

**X**_____ **Date** _____
I Certify That The Answers Are Correct To The Best of My Knowledge