

ADULT PATIENT RECORD

WELCOME

Date _____

Name: Mr./Ms./Mrs./Dr. _____ Birthdate _____
Email Address _____ Have you ever been a patient of ours? _____
Home Address _____ Phone _____
If P.O. Box, please give physical address _____ Marital Status (circle one) S M D W
Employer _____ Business Phone _____
Business Address _____
Name of Spouse _____ Spouse's Birthdate _____
Spouse's Employer _____ Spouse's Business Phone _____
Has any member of your family been a patient of ours? _____ (name) _____
How did you hear about us? [] Family/Friend [] Yellow Pages [] Newspaper/Flyer [] Location
Who can we contact in case of emergency _____ Phone _____
Method of Payment:
[] Cash [] Check: Driver's License # _____ [] Visa, Master Card, Discover [] Billing Service (OAC)

DENTAL HISTORY IMPORTANT: Please complete ALL medical and dental questions.

Last dental visit date _____ Purpose _____ Purpose of today's visit _____
Previous dentist _____ Address _____ Phone _____
Why are you changing your dentists? _____
Last full mouth x-rays (16 small films or panoramic) Date _____ Maiden or former married name? _____
How do you feel during treatment? [] Not anxious [] Somewhat Anxious [] Extremely anxious
How often do you BRUSH your teeth each day? _____ When? [] Morning [] Mid-day [] Evening [] More
How often do you FLOSS your teeth each day? _____ When? [] Morning [] Mid-day [] Evening [] More
What type of toothbrush do you use? [] Soft [] Medium [] Hard [] Electric [] Water Pic
Is opening your jaw painful? _____ Does your jaw get stuck or locked? _____ Do you get frequent headaches? _____
Are your gums: [] Irritated [] Tender [] Bleeding Do you have chronic bad breath? _____
Are your teeth sensitive to? [] Heat [] Cold [] Sweets [] Biting
Describe your present dental health: [] Excellent [] Good [] Fair [] Poor
Have you ever been treated by a: [] Periodontist [] Endodontist [] Orthodontist [] Oral surgeon [] TMJ specialist
Please number in order of importance 1-8: _____ Check-Up _____ Appearance _____ Cavities _____ Pain
_____ Function _____ Tooth Ache _____ Gums _____ Fear
What would you change about your smile or teeth if you could? _____
What do you expect from your dentist? _____

MEDICAL HISTORY This information is strictly confidential and will not be released without your permission.

Your Physician _____ Phone _____ Last Exam For _____
Your Pharmacy _____ Address _____ Phone _____
Are you now receiving medical treatment or has there been a recent change in health? _____
Please circle any word that applies to your health history:
Pregnant now Asthma Gout Chronic Stomach Problems
Lupus Tuberculosis Anemia Ulcers
Rheumatic Fever Chronic Fatigue Anemia Kidney Disease
Heart Murmur; Mitral Valve Prolapse High Blood Pressure Hospitalized Recently Liver Disease
Pacemaker Artificial Heart Valve Heart Condition/Attack Sinus Trouble Jaundice
Pins, Artificial Joints Angina Arthritis Thyroid Disease
Hepatitis Abnormal Bleeding/Bruising Diabetes Cancer
Taking Medications (please list below) Stroke Epilepsy Chemotherapy
Allergy to Penicillin, Erythromycin, Penicillin HIV Infections/AIDS Chronic Headache Radiation Treatment
Codeine, Aspirin, Novocain, Latex Blood Transfusion Psychiatric Treatment Use of phen-phen
Any Other Allergies Tobacco Use I Smoke _____ pack/day Substance Abuse Treatment (alcohol, etc.) Other condition not listed
Smokeless Tobacco _____ Ear Problems _____
List all medications currently being taken: _____

I understand that I am responsible for an accurate medical history and that all questions asked on the history form are important in arriving at a diagnosis and treatment plan. If a term or condition is not understood, it is important to discuss it with the doctor and to report any changes in my health.

I understand that I am responsible for all dental treatment fees, service charges and/or collection fees in full. Fees may be transferred to our billing service on approval of credit. If balance is not paid or transferred, there will be a service charge of 1.5% per month (18% annually) on any balance over 30 days; collection fees are assessed after 60 days.

SIGN HERE _____