Name of Physician: _____ Phone: (____) _____

Do you have or have ever had any of the following? Please check those that apply:

[ ] Allergies/Hay Fever	[ ] Diabetes	[ ] Heart Surgery*	[ ] Rheumatic Fever
[ ] Anemia	[ ] Epilepsy or Seizures	[ ] Hepatitis	[ ] Rheumatism
[ ] Angina	[ ] Excessive Thirst	[ ] High Blood Pressure	[ ] Sickle Cell Disease
[ ] Arthritis	[ ] Fainting or Dizziness	[ ] HIV*/AIDS	[ ] Sinus Problems
[ ] Artificial Joints*	[ ] Fever Blisters/Cold Sores	[ ] Kidney Problems	[ ] Stroke
[ ] Artificial Heart Valves*	[ ] Frequent Cough	[ ] Liver Problems	[ ] Surgical Shunt*
[ ] Asthma	[ ] Glaucoma	[ ] Mental Disorders	[ ] Thyroid PRoblem
[ ] Breathing Problems	[ ] Heart Disorder*	[ ] Mitral Valve Prolapse*	[ ] Tuberculosis
[ ] Cancer	[ ] Heart Infection*	[ ] Osteoporosis	[ ] Ulcers
[ ] Chemical Dependency	[ ] Heart Murmur*	[ ] Radiation Treatment	[ ] Venereal Disease
[ ] Chemotherapy	[ ] Heart PAce Maker*	[ ] Respiratory Problems	[ ] Yellow Jaundice

* This condition may require antibiotic premedication for certain dental procedures.

YES NO

[ ] [ ] Do you have any health problems that were not listed above or need further clarifications? If yes, explain:

_____

[ ] [ ] Are you now under the care of a physician? If yes, explain: _____

_____

[ ] [ ] Have you been admitted to a hospital or needed emergency care during the past two years? If yes, explain:

_____

Are you allergic to any medications or substances? If yes, please check box below:
[ ] Aspirin [ ] Penicillin [ ] Codeine [ ] Iodine [ ] Metal [ ] Latex [ ] Other _____

Are taking any medications? If yes, list:

_____ _____ _____

_____ _____ _____

_____ _____ _____

WOMEN (Please check): [ ] Pregnant [ ] Trying to get pregnant [ ] Nursing [ ] Taking oral contraceptives

To the best of my knowledge, all of the preceding answers are correct. If I have any changes in my health status or if my medications change, I will inform the dentist and the staff at the next appointment without fail.

X _____ **Date:**_____

Signature of patient, parent or guardian

Turn Over ➔

Dental Health Questionnaire

Please help us better understand your dental health needs and goals by answering the following questions. (Check the best answer):

1. Have you had full mouth set of x-rays within the last 3 years? [ ] Yes [ ] No

2.I have a[ ]**low**[ ]**moderate**[ ]**high** fear of going to the dentist.

3. My mouth and teeth are [ ] **very** [ ] **moderately** [ ] not comfortable.

4. I am [ ] **very satisfied** [ ] **satisfied** [ ] **dissatisfied** with the appearance of my teeth.

5. I think my present state of dental health is [ ] **excellent** [ ] **good** [ ] **fair** [ ] **poor**.

6. I would say that my main concerns with my dental health are:

_____

7. I am interested in a smile evaluation and personalized treatment plan to enhance my smile.
[ ] Yes [ ] No

8. Please check which statement below best represents the level of dental health you wish to achieve.
(Some people begin at one level and progress to a higher level over time.)

[ ] **HEALTH LEVEL I - Emergency Care** I am only interested in emergency dental care for the relief of pain and/or cosmetic embarrassment. I am not very interested in thinking about the future of my teeth at this time.

[ ] **HEALTH LEVEL II - Maintenance Care** I am interested in maintenance care by taking an active part in the prevention of the disease process and the repair of existing problems. However, I am not yet ready for a higher level of dental care due to limitations of time and/or money. I understand that maintenance care may not be enough to help me achieve maximum protection and longevity and that my dental health may not remain stable over time.

[ ]**HEALTH LEVEL III - Comprehensive Care** I am interested in comprehensive care to achieve and maintain a higher level of dental health. I am concerned about treating the causes of dental diseases, not simply the effects. I want all dental treatment provided to be the best available for maximum protection and longevity, so as to achieve long-term stable dental health.

[ ] **HEALTH LEVEL IV - Comprehensive & Cosmetic Care** I am interested in comprehensive and cosmetic care to achieve and maintain the highest level of dental health. I am concerned about treating the causes of dental diseases, not simply the effects. I want all dental treatment provided to be the best available in cosmetic dentistry for maximum protection, longevity, and esthetics, so as to achieve long-term stable, yet esthetic, dental health.