

Do you have any specific concerns today?	(please select)
	Y N I like my smile
	Y N I want my teeth whiter
Do you have any concerns regarding past dental treatment?	Y N I prefer tooth colored fillings
	Y N My gums bleed while brushing
	Y N My gums feel tender or swollen
Are you nervous about seeing the dentist? _____	Y N I have problems eating
	Y N I have had a facial or jaw injury
How often do you brush? _____	Y N I have had orthodontics
How often do you floss? _____	Y N I clench or grind my teeth during the day or sleeping

I consider my health to be Excellent Good Fair Poor

Do you or have you had any of the following? Please select Y for Yes and N for No

- | | |
|----------------------------------|---|
| Y N Heart Disease | Y N Artificial joints Hips Knee other |
| Y N Heart Murmur/Valve Prolapse | |
| Y N Pacemaker/Heart Valve | Y N I usually take antibiotic prior to dental treatment |
| Y N Stroke | |
| Y N Congenital Heart Lesions | Y N I smoke or use tobacco. |
| Y N Rheumatic Fever | -----If yes, how much per day? How many years? |
| Y N Abnormal Blood Pressure | |
| Y N Anemia | Y N GERD Gastro-esophageal reflux disease |
| Y N Prolonged Bleeding Disorder | |
| Y N Tuberculosis or Lung Disease | |

Are you allergic to any of the following?

- | | |
|--------------------------|-----------------------------------|
| Y N Asthma | Y N Aspirin |
| Y N Hay Fever | Y N Ibuprofen |
| Y N Sinus Trouble | Y N Sulfa Drugs/Sulfites/Sulfides |
| Y N Epilepsy/Seizures | Y N Penicillin |
| Y N Ulcers | Y N Codeine |
| Y N Liver Disease | Y N Latex, Metals, Plastic |
| Y N Jaundice | Y N Local Anesthetics (Novocaine) |
| Y N Hepatitis Type _____ | Y N Other Medications _____ |
| Y N Diabetes | Y N Other foods or things _____ |
| Y N Dry Mouth | |

WOMEN:

- | | |
|-------------------------------------|--|
| Y N Infectious Mononucleosis (Mono) | Y N Are you taking birth control medication? |
| Y N Herpes | Y N Are you or could you be pregnant or nursing? |
| Y N Arthritis | |

PHYSICIAN NAME: _____

LIST MEDICATIONS/AND OR SUPPLEMENTS:

If so, what