Name____________ ____Date____________-________________

Why are you here?____

History of complaint____

____

DENTAL HISTORY

Age of first dental visit?_________________________ What was done?_____________________________________

Braces at what age?_______ How often did you go to the dentist?____________________________________

Age of first extraction?_______Why extracted?____

How often do you have teeth cleaned?___________________Last Cleaning?__________________________________

How many sets of dentures?_____________When?____

How many crowns?____________When?____

How many bridges?___________When?____

How many partials?__________When?____

How many root canals?________When?____

What was done during your 20's?____

30's____

40's____

50's____

60's____

70's____

80's____

Do you clench your teeth?_________When?___________________________Why?______________________________

____

Do you get headache?___________________When?____

Why?________________________When did they start?____

Do you get neckaches?_____________When?____

Why?________________________When did it start?____

How do you care for your teeth?____

What would you like us to be able to do for you?____

____

MEDICAL HISTORY

Prescription medications, and condition treated by the medication?______________________________

Over the counter medications and vitamins____

Drug Allergies____

Allergies to other things____

____

Hospitalizations-approximate year and purpose____

____

____

____

____

____

Other medical conditions currently being treated:

____

____

Significant other medical conditions you have had____

____

____

History of Accidents____

____

____

Psychiatric counseling____

Problems with Backaches?__________________Hands?

____

Legs?________________________________Feet?_____________________________Lungs?_______________________________________

Heart?________________Stomach?______________Hearing?
____

Eyes?_______________Do you have numbness anywhere?
____

Have we missed anything?____

____

____

____

____

____

____

Home Forms