



DENTAL HISTORY

Your dental health is important to us. Help us get to know you by completing the following questions. This will help us customize your care plan and best meet any needs.

Patient Name _____ Patient Account No. _____

Doctor _____ Date _____

Vital Signs (If known): _____ Usual Blood Pressure _____ Usual Pulse _____

PREVIOUS DENTIST

Previous Dentist (optional): _____ City _____

When was your last dental visit? _____ What did you have done at that visit? _____

When was the last time you saw a dental hygienist? _____

What is the primary reason for your visit today? _____

SURVEY OF INTEREST

5 Very Important **4** Important **3** Neutral **2** Slightly Important **1** Not Important **RANK YOUR RESPONSE**

___ I want to know about the newest products and options for my teeth.

___ How the appearance of my smile will be impacted by my dental care.

___ I want to learn more about how dental implants help replace missing teeth or can help dentures fit and feel significantly better.

___ I want to know all my options. I prefer (check one): ___ simple descriptions ___ significant detail

___ The dental staff's promptness in keeping my appointment on time.

___ I would consider pursuing the highest quality and/or longest lasting dental care if I could spread out the **care** and/or **cost** over time.

___ I would be interested in finding out more about payment plan options offered periodically to help structure the financing of my care.

___ Yes ___ No I usually go to the dentist only when there is an emergency.

HEALTH BENEFIT ACCOUNTS

Are you or your spouse enrolled in a Section 125 Health Savings Account ("HSA") or Health Reimbursement Account ("HRA") through your employer?

___ Yes ___ No ___ Don't Know

If not - are you aware if you or your spouse's employer offers such a benefit program? ___ Yes ___ No ___ Don't Know

Would you like our staff to review these programs and how they benefit dental patients? ___ Yes ___ No

HOW DID YOU HEAR ABOUT ZUMBRO VIEW DENTAL?

Relative _____ Friend _____ Staff Member _____ Professional Referral _____

Yellow Pages _____ Internet /Web site _____ Returning Patient _____ Other _____

Did you select Zumbro View Dental because of {Check all that apply}: ___ Hours ___ Location ___ Reputation ___ Other _____

X Patient/Guardian Signature: _____ Date: _____

Please note - at your examination we will discuss other items related to your oral health.

Recorded by: _____ Date: _____ Dentist Signature _____ Date: _____

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