Patient Name:

X

NEW PATIENT (2019)
Birth Date:

Birth Date: Date Created:

Mile and the second and a second a second and a second and a second and a second and a second an	al visit?									
When was your last dent										
Did you have dental x-ra	ys taken at your last	visit?	Yes	○ No						
Are you aware of any de	ntal issues? If yes, pl	ease explain.	Yes	○ No	If yes					
Is there anything you'd l	ike to chane about yo	our smile?	Yes	No No	If yes					
Are you interested in str	aightening your teeth	1?	© Yes							
Are you interested in wh	itening your teeth?		© Yes							
How often do you brush			O TES	0.140						
How often do you floss					al- :	4 - F	N N			
Although dental personnal	primarily treat the are	ea in and around	your mou	th, your mou	uth is a pai	t of your entire body. Healt	n problems that yo	u may have, or medications th	nat you ma	y be tak
Please check any of the following	owing that apply to yo	ou:								
Bad breath	0	Yes No	Dry mou	th			Food collects		Yes	○ No
Grinding/clenching	0	Yes No	Gums bl	eed					Yes	○ No
Jaw click/pop		Yes No	Jaw pain	1		O Yes No	Mouth sores		Yes	○ No
Sensitive teeth	0	Yes No	Smoker				Uses chewing	jtobacco	Yes	○ No
			'				ı			
Are you under the care o tell us for what.	f a physician at this t	time? Please	Yes	○ No	If yes					
Have you ever been hop	italized or had a majo	or operation?	Yes	⊚ No	If yes					
Have you had a serious	head or neck injury?	If yes, when.	Yes	⊚ No	If yes					
Have you ever taken Fos			Yes	⊚ No	If yes					
Are you required to pre-	medicate with antibio		Yes	⊚ No	If yes					
Are you taking any medic list.		s? If yes, please	Yes	⊚ No	If yes					
Do you snore?			@ V	○ NI-						
Have you been diagnose	ad with class annea?		© Yes							
	eu with steep apriear		Yes	○ No						
	- b t - l - l - 2		_	_						
Do you wear a C-PAP? O		,	⊚ Yes							
		?	YesYes							
Do you wear a C-PAP? O	udy? Or been told to	Yes No		⊚ No		◯ Yes ◯ No	Taking oral co	ontraceptives?	Yes	⊚ No
Do you wear a C-PAP? On Have you had a sleep st Women are you Pregnant/trying to get power you allergic to any of the control of the cont	udy? Or been told to regnant?	Yes No	Yes	◎ No						
Do you wear a C-PAP? On Have you had a sleep stown are you Pregnant/trying to get power you allergic to any of the Acrylic	regnant? e following?	Yes No	Yes	○ No		Codeine	Yes No	Latex	Yes	⊚ No
Do you wear a C-PAP? On Have you had a sleep st Women are you Pregnant/trying to get poster you allergic to any of the control of the con	udy? Or been told to regnant?	Yes No	Yes	◎ No						⊚ No
Do you wear a C-PAP? On Have you had a sleep stown are you Pregnant/trying to get power you allergic to any of the Acrylic	regnant? e following?	Yes No	Yes	No No		Codeine	Yes No	Latex	Yes	⊚ No
Do you wear a C-PAP? Or Have you had a sleep st Vomen are you Pregnant/trying to get p we you allergic to any of the Acrylic Local anesthetics	regnant? e following? No Yes No	Yes No Aspirin Metal	○ Yes Nursing ○ Yes ○ Yes	Yes Yes	○ No If yes	Codeine	Yes No	Latex	Yes	⊚ No
Do you wear a C-PAP? On Have you had a sleep st women are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies?	regnant? e following? No Yes No	Yes No Aspirin Metal	○ Yes	Yes Yes	⊚ No	Codeine	Yes No	Latex	Yes	⊚ No
Do you wear a C-PAP? On Have you had a sleep stown are you Pregnant/trying to get power you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated fiplease explain.	regnant? ne following? Yes No Yes No	Aspirin Metal ncy? If yes,	○ Yes Nursing ○ Yes ○ Yes	Yes Yes	○ No If yes	Codeine	Yes No	Latex	Yes	⊚ No
Do you wear a C-PAP? On Have you had a sleep stown are you Pregnant/trying to get power you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated fiplease explain.	regnant? ne following? Yes No Yes No	Aspirin Metal ncy? If yes,	○ Yes Nursing ○ Yes ○ Yes	Yes Yes	○ No If yes If yes	Codeine	Yes No	Latex	Yes	⊚ No ⊚ No
Do you wear a C-PAP? On Have you had a sleep st women are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated f please explain.	regnant? regnant? Yes No Yes No or chemical dependentad, any of the following.	Aspirin Metal ncy? If yes,	YesYesYesYes	Yes Yes No	○ NoIf yesIf yes○ No	Codeine Penicillin	Yes No	Latex Sulfa	○ Yes	○ No ○ No ○ No ○ No
Do you wear a C-PAP? On Have you had a sleep sto domen are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated fiplease explain. o you have, or have you head of a control of the contro	regnant? The following? Yes No Yes No To chemical dependents The following of the foll	Aspirin Metal ncy? If yes, ADD/ADHD	YesYesYesYes	No Yes No No Yes	○ NoIf yesIf yes○ No○ No	Codeine Penicillin AIDS/HIV positive	Yes No	Latex Sulfa Anaphylaxis	○ Yes○ Yes○ Yes	○ No ○ No ○ No ○ No ○ No
Do you wear a C-PAP? On Have you had a sleep sto domen are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated for please explain. o you have, or have you held Acid reflux/GERD Anemia	regnant? The following? Yes No Yes No Or chemical dependentad, any of the following? Yes No Or Service No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest;	YesYesYesYes	No Yes Yes No No Yes Yes	No If yes If yes No No No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout	Yes No Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve	YesYesYesYesYes	No No No No No No No No
Do you wear a C-PAP? Or Have you had a sleep strong and a sleep strong	regnant? regnant? regnant? Yes No Yes No regnant? Yes No Yes No Yes No	Aspirin Metal ncy? If yes, aDD/ADHD Angina/chest p	YesYesYesYes	No Yes Yes No No Yes Yes Yes Yes	No If yes If yes No No No No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease	Yes No Yes No Yes No Yes No Yes No	Latex Sulfa Anaphylaxis Artificial heart valve Breathing problems	YesYesYesYesYesYesYes	No
Do you wear a C-PAP? Or Have you had a sleep str //omen are you Pregnant/trying to get p re you allergic to any of th Acrylic Local anesthetics Other allergies? Have you been treated f please explain. o you have, or have you h Acid reflux/GERD Anemia Artificial joint Bruise easily	regnant? ne following? Yes No Yes No or chemical depende nad, any of the followi Yes No Yes No Yes No Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest p Asthma Cancer		No Yes Yes No No Yes Yes Yes Yes Yes Yes Yes	No If yes If yes No No No No No No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation	Yes No	Latex Sulfa Anaphylaxis Artificial heart valve Breathing problems Cold sores/Fever blisters	O Yes	No
Do you wear a C-PAP? Or Have you had a sleep st Women are you Pregnant/trying to get p re you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated f please explain. To you have, or have you head of the companie	regnant? Per following? Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest; Asthma Cancer Easily winded	○ Yes○ Yes○ Yes○ Dain	No Yes Yes No No Yes Yes Yes Yes Yes Yes Yes Yes	No If yes If yes No No No No No No No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease	Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epilepsy/seizures	YesYesYesYesYesYesYesYesYesYes	№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№№<
Do you wear a C-PAP? Or Have you had a sleep st //omen are you Pregnant/trying to get p re you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated f please explain. o you have, or have you held reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding	regnant? regnant? regnant? Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest; Asthma Cancer Easily winded Excessive thirs	○ Yes○ Yes○ Yes○ ain	Yes Yes No No Yes	No If yes If yes No No No No No No No No No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia	YesYesYesYesYesYesYesYesYesYes	No N
Do you wear a C-PAP? Or Have you had a sleep st women are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated for please explain. To you have, or have you have did reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough	regnant? regnant? regnant? Yes No	Aspirin Metal ncy? If yes, ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head	Yes Yes Yes Yes	Yes Yes No No Yes	No If yes If yes No	AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure	Yes No	Latex Sulfa Anaphylaxis Artificial heart valve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease	YesYesYesYesYesYesYesYesYesYesYesYes	No N
Do you wear a C-PAP? On Have you had a sleep st Women are you Pregnant/trying to get p pre you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated f please explain. To you have, or have you have did reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur	regnant? regnant? Yes No	Aspirin Metal ncy? If yes, ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemai	Yes Yes Yes Yes	No Yes Yes No No Yes	No If yes If yes If yes No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia	Yes No	Latex Sulfa Anaphylaxis Artificial heart valve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease Hepatitis	YesYesYesYesYesYesYesYesYesYesYesYesYes	No No No No No No No No
Do you wear a C-PAP? On Have you had a sleep st Women are you Pregnant/trying to get p pre you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated f please explain. To you have, or have you have did reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes	regnant? The following? Yes No Yes No To chemical dependents The following? Yes No The following Yes No	Aspirin Metal ncy? If yes, approximately ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pri	Yes Yes Yes Yes	No Yes No No Yes	No If yes If yes If yes No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol	Yes No	Latex Sulfa Anaphylaxis Artificial heart valve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycemia	YesYesYesYesYesYesYesYesYesYesYesYesYesYes	No No No No No No No No
Do you wear a C-PAP? On Have you had a sleep stown are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated for please explain. To you have, or have you head of the Acid reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes Irregular heartbeat	regnant? The following? Yes No Yes No To chemical depende That, any of the following Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pr Kidney disease	Yes Yes Yes Yes	Yes Yes No No Yes	No If yes If yes No	AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol Leukemia	Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycenia Liver disease	Yes	No N
Do you wear a C-PAP? On Have you had a sleep sto women are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated find please explain. To you have, or have you held a reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes Irregular heartbeat Low blood pressure	regnant? regnant? Yes No Yes No Or chemical depende nad, any of the followi Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest; Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pro Kidney disease Memory loss		No Yes Yes No No Yes	No If yes If yes If yes No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol Leukemia Mental health care Renal dialysis	Yes No	Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycemia Liver disease Mitral valve proplapse	Yes	No N
Do you wear a C-PAP? On Have you had a sleep sto women are you Pregnant/trying to get pure you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated for please explain. To you have, or have you head a reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes Irregular heartbeat Low blood pressure Narcolepsy	regnant? regnant? regnant? Yes No Yes No or chemical depende nad, any of the followi Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pr Kidney disease Memory loss Osteoperosis		No Yes Yes No No Yes	No If yes If yes If yes No	AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol Leukemia Mental health care	Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epilepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycemia Liver disease Mitral valve proplapse Rheumatic fever	 Yes 	No N
Do you wear a C-PAP? On Have you had a sleep sto Women are you Pregnant/trying to get power you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated for please explain. Do you have, or have you head for eflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes Irregular heartbeat Low blood pressure Narcolepsy Rheumatism	regnant? regnant? Yes No Yes No Or chemical depende nad, any of the followi Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest p Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pr Kidney disease Memory loss Osteoperosis Sickle cell dise		No Yes Yes No No Yes	No If yes If yes If yes No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol Leukemia Mental health care Renal dialysis Sinus problems	Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epillepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycenia Liver disease Mitral valve proplapse Rheumatic fever Stroke	Yes	No N
Do you wear a C-PAP? On Have you had a sleep still women are you Pregnant/trying to get p Are you allergic to any of the Acrylic Local anesthetics Other allergies? Have you been treated figlease explain. Do you have, or have you head reflux/GERD Anemia Artificial joint Bruise easily Diabetes Excessive bleeding Frequent cough Heart murmur Herpes Irregular heartbeat Low blood pressure Narcolepsy Rheumatism	regnant? regnant? regnant? Yes No Yes No or chemical depende nad, any of the followi Yes No	Aspirin Metal ncy? If yes, ng? ADD/ADHD Angina/chest; Asthma Cancer Easily winded Excessive thirs Frequent head Heart pacemal High blood pr Kidney disease Memory loss Osteoperosis Sickle cell dise Tuberculosis		No Yes Yes No No No Yes	No If yes If yes If yes No	Codeine Penicillin AIDS/HIV positive Arthritis/Gout Blood disease Chemotherapy/Radiation Emphysema/lung disease Fainting/dizziness Heart attack/failure Hemophelia High cholesterol Leukemia Mental health care Renal dialysis Sinus problems	Yes No	Latex Sulfa Anaphylaxis Artificial heartvalve Breathing problems Cold sores/Fever blisters Epillepsy/seizures Fibromyalgia Heart disease Hepatitis Hypoglycenia Liver disease Mitral valve proplapse Rheumatic fever Stroke	 Yes 	No N

Date:_____