Dental History

Date: _____

1. Why did you come to our office today?

_____

2. What is the date of your last dental visit and what was the treatment received?

_____

3. What was the date of your last dental cleaning?

_____

Previous Dentist's Name: _____
Address: _____

4. Are any of your teeth sensitive when you eat or drink anything hot, cold, or sweet	YES	NO
5. Are any of your teeth sensitive when you bite on them or chew food?	YES	NO
6. Are your gums swollen or tender?	YES	NO
7. Do your gums bleed when you brush or floss?	YES	NO
8. Do you use a soft toothbrush?	YES	NO
9. Do you brush Daily?	YES	NO
If no, then how often do you brush? _____		
10. Do you use dental floss?	YES	NO
If yes, how often do you floss? _____		
11. Does floss catch or get stuck between your teeth?	YES	NO
12. Does food ever catch or get stuck between your teeth?	YES	NO
13. Do any of your teeth feel loose?	YES	NO
14. Have you ever been told you have periodontal disease, gum disease, or pyorrhea?	YES	NO
15. How would YOU rate your oral home care?		
GREAT GOOD FAIR POOR		
16. Have you ever been given home care instructions by a dentist or hygienist?	YES	NO
17. Do you ever have pain or clicking when opening or closing your jaw?	YES	NO
18. Are you aware if you clench or set your jaw?	YES	NO
19. When you wake up in the morning do you have sore teeth or a headache?	YES	NO
20. Have you ever had TMJ treatment?	YES	NO
21. Have you ever had your teeth straightened or braces?	YES	NO
22. Are you aware of any oral habits? (thumb sucking, nail biting, nursing bottle)	YES	NO
23. Have you ever experienced a problem with dental anesthesia?	YES	NO
24. For Children: Are you on a fluoridated water supply?	YES	NO
If no, is the child taking a fluoride supplement or vitamin?	YES	NO

Do you have concerns about:

Cavities Gum Disease Tartar Build Up Crowned Teeth
Improving the Appearance of Your Teeth Your Children's Dental Health

Have you ever had a bad experience at a dental office? YES NO

If yes, please explain your experience:

_____

Welcome to our practice. We appreciate you trusting your dental care to us. We will do everything possible to make your visit pleasant. Below you will find our financial policy and payment options. If we can be of service in helping make your financial arrangements comfortable, please feel free to ask.

Financial Policy

Full Payment is expected at each visit.

We will file dental insurance as a courtesy. However, any patient co-payment and deductibles are due each visit. If your insurance has not paid within 45 days, you will be held responsible for the full balance. Please understand that the co-payment you make is only an ESTIMATE based on the percentage information that your insurance has provided us with. They will not tell us exactly what they will pay for each service.

Due to the undetermined amount of time involved in liability cases (accidents), we ask that payments be made at the time of your visit. We will work with you to provide that information necessary to file to the insurance company.

Treatment fees quoted are valid for 30 days.

Payment Options

You may pay in full with cash or check. A courtesy discount of 10% will be given if the balance is $1000.00 or more and payment is made by cash or check.

You may pay with Visa, MasterCard, Discover, or bank debt cards.

We also accept Care Credit and CITIHEALTH cards. Each is a financing program which offers 12 months financing at 0% interest for qualifying applicants. Ask our staff about application details.

If none of the above options meet your needs, you may complete your dental treatment in several visits (if possible) and pay as the treatment is complete.

Signature: _____ Date: _____