LEWIS & GIBSON, DDS ID = 10326 Birthdate:

Medical Alerts | Hygiene Treatment Summary | Health History Conditions | Health Questionaire | Personal Notes

Previous Dentist

Last Visit to Dentist (month) 1 (year) 2007 Form Completed

May we request x-rays?

yes no

Have you ever had complications following dental treatment?

yes no

Have you ever been admitted to a hospital, or needed emergency care during the past 2 years?

yes no

Are you under the care of a physician?

yes no

Do you have any health problems that need further clarification?

yes no

Name of physician

List names of medications you are currently taking

Do you have, or have you ever had any of the following:

- Bleeding, sore gums
- Unpleasant taste or bad breath
- Burning tongue or lips
- Frequent blisters on lips, or in mouth
- Swelling or lumps in mouth
- Clicking or popping of jaw
- Difficulty opening or closing jaw
- Loose teeth
- Sensitive to hot
- Sensitive to cold
- Sensitive to sweets
- Sensitive to biting
- Food impaction
- Clenching or grinding
- Shifting of teeth
- Change in bite

Do you like your teeth?

yes no

Oral Hygiene - do you use any of the following?

- Brush 1 times per day
- Dental Floss
- Fluoride Rinse
- Other

My brush is:

soft medium hard

Electric

I would like additional information about:

- Bleaching
- Cosmetic dentistry
- Dentures
- Implants
- Endodontics Other

Name _____

Patient Signature _____ Date _____

Exit | Add New Questionaire

Watch Tooth