Patient Health Record

In order to help me render the proper dental services to you, would you please be kind enough to answer the following questions. Please note the space for remarks for any answers that require clarification or any other information you think I should have. Thank you for your cooperation.

Name _____ Date _____

MEDICAL HEALTH

General Health (please check): EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☐

Name and address of physician _____

_____

Last complete physical? _____

Are you taking any medication now? Yes ☐ No ☐ For what purpose? _____

What medications: _____

Do you have or have you ever been treated for:

Heart Disease	Yes ☐	No ☐	Heart Murmur	Yes ☐	No ☐
Rheumatic Fever	Yes ☐	No ☐	Jaundice	Yes ☐	No ☐
Abnormal Blood Pressure	Yes ☐	No ☐	Asthma or Hay Fever	Yes ☐	No ☐
Ulcers	Yes ☐	No ☐	Sinus Trouble	Yes ☐	No ☐
Tuberculosis or Lung Disease	Yes ☐	No ☐	Chronic Cough	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐	Hepatitis or Liver Disease	Yes ☐	No ☐
Epilepsy	Yes ☐	No ☐	Arthritis	Yes ☐	No ☐
Anemia	Yes ☐	No ☐	Stroke	Yes ☐	No ☐
Congenital Heart Lesions	Yes ☐	No ☐	Glaucoma	Yes ☐	No ☐
Immune Deficiency Disorder	Yes ☐	No ☐	Cancer	Yes ☐	No ☐
Kidney Disease	Yes ☐	No ☐	Tobacco Use	Yes ☐	No ☐
Pregnancy	Yes ☐	No ☐	Radiation Treatment	Yes ☐	No ☐

Are you allergic to: Penicillin ☐ Codeine ☐ Local injected anesthetics ☐ Latex ☐ Other ☐

Are you subject to prolonged bleeding? Yes ☐ No ☐

Are you subject to fainting spells? Yes ☐ No ☐

Do you have any joint replacements? Yes ☐ No ☐

List hospitalization or surgery _____

UPDATE MEDICAL HISTORY

Date	Initials	BP
_____	_____	_____
_____	_____	Pulse _____

DENTAL HEALTH

Have you ever had any serious problem associated with previous dental treatment? Yes ☐ No ☐

If so, explain: _____

_____

How often do you brush your teeth? _____

What texture brush do you use? SOFT ☐ MEDIUM ☐ HARD ☐ NYLON ☐ NATURAL ☐

How often do you floss? _____

Do your gums bleed while brushing or flossing? Yes ☐ No ☐

Do you avoid brushing any part of your mouth because of pain? Yes ☐ No ☐

If yes, what part _____

Do you feel twinges of pain when your teeth come in contact with:

a) hot foods or liquids, i.e., soup, coffee, tea, etc.? Yes ☐ No ☐

b) cold foods or liquids, i.e., ice cream, cold fruit, etc.? Yes ☐ No ☐

c) sweets, i.e., candy, fruit, sweet desserts, etc.? Yes ☐ No ☐

d) sours, i.e., lemons, limes, grapefruit, etc.? Yes ☐ No ☐

Continued on reverse side

Do you chew on only one side of your mouth? ..... Yes ☐ No ☐
If yes, explain _____

_____

Do your gums feel tender or swollen? ..... Yes ☐ No ☐
Do you clinch or grind your jaws while sleeping or during the day? ..... Yes ☐ No ☐
Do you have pain in or near your ears? ..... Yes ☐ No ☐
Do your jaws ever feel tired? ..... Yes ☐ No ☐
Have you lost any adult teeth? ..... Yes ☐ No ☐
Do you have dentures and/or bridges? ..... Yes ☐ No ☐
Do you usually have many cavities? ..... Yes ☐ No ☐
Do you eat a lot of sweets? ..... Yes ☐ No ☐
Have you ever had instruction on the correct method of cleaning your teeth? ..... Yes ☐ No ☐
Are you pleased with the appearance of your teeth? ..... Yes ☐ No ☐
Have you gone to the dentist on a regular, preventive basis? ..... Yes ☐ No ☐

Present dental problem:

_____

_____

_____

Please add anything you feel is important: _____

_____

_____

_____

(Patient signature)

ACCOUNT POLICY

In order to help our patients plan their dental care, it is our policy to discuss fees, insurance and financial arrangements prior to starting treatment. Even with the best of planning some accounts may still accrue a balance that continues unpaid.

All accounts become past due after 30 days and will be subject to an interest charge of 18% annual percentage rate (APR). Accounts past due more than 90 days may be referred to a professional nationwide collection agency. If professional collection becomes necessary, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including resonable attorney's fees, we incur in such collection efforts. Fees charged by that collection agency, will be added to the past due amount and interest charges (18% APR) will continue to accumulate and be payable by you.

In the event we recive a check back from the bank unpaid, a processing fee not to exceed $25.00 will be charged to your account.

By accepting services from this office and by your signature below, you acknowledge that interest and collection fees as discussed above will be charged to your account should it become past due.

Thank you for yur understanding and cooperation.

Signature:_____

Date: _____