



Patient Name: _____ Today's Date _____
Last First MI

Date of Birth: _____

TODAY'S VISIT

What is the reason for today's visit? Examination Emergency Consultation Procedure

Please describe the patient's current dental problem: _____

Is the patient currently experiencing dental pain or discomfort? Yes No

If yes, specify where: Upper Right Upper Left Lower Right Lower Left

Does the patient currently have an abscess or gum boil? Yes No

Has the patient had any injuries to his or her face, mouth, or teeth? Yes No

Does the patient have swelling in or around: Mouth Face Neck

PAST DENTAL CARE

Has the patient been to a dentist before? Yes No

Date of the last dental visit (Month/Year): _____ / _____ Don't Know

What was done at that time? Examination Emergency Consultation Procedure

Has the patient had bad or fearful dental or medical experiences? Yes No

Do you think the patient will cooperate for dental treatment? Yes No IF No - Why? _____

OTHER INFORMATION

Who is responsible for brushing the patient's teeth? Patient Parent Other _____

What is the patient's source of drinking water? City Water Well Water Bottled Water Unknown

Does the patient have any of the following habits: Thumb Sucking Lip Sucking Finger Sucking Grinding

At what age was bottle or breast feeding stopped? _____

Does the patient participate in contact sports? Yes No

Is there any additional information we should know? _____

What is your relationship with the patient? Mother Father Guardian Other _____

SOCIAL AND BEHAVIORAL HISTORY

Which of the following best describes the patient?

Advanced in Learning Process Progressing Normally Slow Learner

Does the patient have any history of emotional or behavioral problems? Yes No

I certify that the above information is complete and accurate to the best of my knowledge. I understand that providing incomplete or inaccurate information may negatively influence my treatment and my treatment results.

Print Name: _____ Signature: _____
Last First MI

Relationship to patient (if patient not legally able to give consent): _____ Date: _____