Family Dental of South East Wisconsin, S.E. **General Dentistry**

Get acquainted and medical history questionnaire (CONFIDENTIAL)

Thank you for choosing our office to serve you. In order to serve you better, please fill in the following information completely. We have asked only questions that we feel necessary to protect you medically and to safeguard our staff. **Please complete both sides.**

Name_____S.S.#_____

Date of birth_____Phone(Hm)_____Work_____Cell_____

Address_____

City _____State_____Zip_____

Children: Name and Age_____

Person responsible for Payment_____Their S.S.#_____

Patient's Employer_____Occupation_____shift___

Employer Address_____

Spouse's Name_____Their S.S.#_____

Spouse's Employer_____Occupation_____shift____

Spouse's Employer Address_____

Whom may we thank for referring you to our office?_____

DENTAL HISTORY

Purpose of this visit and present problem_____
Last dental visit_____Last cleaning_____
When was your last full dental x-ray taken?_____
Do you like your smile? Yes____No____ How often do you floss?_____
How often do you Brush?_____Type of Brush used? Soft___Hard___
Do you use a power tooth brush? What brand? _____
Have you ever been instructed how to brush? Yes____ No____ How to floss? Yes____ No____
Are there any growths, sore spots, or unhealed areas in your mouth? Yes____No____
Have you had any difficult extractions in the past? Yes____No____
Have you ever had orthodontic treatment? Yes____No____
Do you smoke or chew tobacco? Yes____No____
Are any of your teeth currently sensitive to heat or cold? Yes____No____
Does food catch between your teeth? Yes____No____
Have you ever had any periodontal (gum) treatment? Yes____No____
Have you any objection to the use of local anesthetic (Novocain)? Yes____No____

Yes___No___Pain in or near you ear Yes___No___Dry sockets Yes__No___Bad Breath
Yes___No___Cold or canker sores Yes___No___Jaw clicking Yes__No__Bleeding Gums
Yes___No___Clench or grind teeth Yes___No___Pain when opening your jaw
Yes___No___Partials/dentures Yes___No___Do you snore

OVER>