PATIENT REGISTRATION

First name: _____ Last name: _____ Middle initial: _____

Preferred name: _____ Date of birth: _____ Sex: _____ Age: _____

Soc Sec #: _____ Address 1: _____

Address 2: _____ City, State, Zip: _____

Home phone: _____ Work phone: _____ Employer/School: _____

Cell: _____ Ok to receive text? Yes / No Email: _____

Spouse/Parent name & phone: _____

Emergency contact name & phone: _____

Primary dental insurance: _____ ID #: _____

Subscriber's name: _____ Birthdate: _____

Secondary dental insurance: _____ ID #: _____

Subscriber's name: _____ Birthdate: _____

Subscriber's employer: _____ Subscriber's SS #: _____

Name of medical doctor: _____ Last visit: _____

Previous dentist: _____ Last visit: _____

Referred to us by: _____

DENTAL HEALTH HISTORY

	Yes	No
Are you apprehensive about dental treatment?	☐	☐
Does food catch between your teeth?	☐	☐
Do you have difficulty in chewing your food?	☐	☐
Do your gums bleed easily?	☐	☐
Have you ever noticed slow-healing sores in or about your mouth?	☐	☐
Are your teeth sensitive?	☐	☐
Do you feel twinges of pain when your teeth come in contact with:		
Hot foods or liquids?	☐	☐
Cold foods or liquids?	☐	☐
Sours?	☐	☐
Sweets?	☐	☐
Are you dissatisfied with the appearance of your teeth?	☐	☐
Do you prefer to save your teeth?	☐	☐

How often do you brush? _____

How often do you floss? _____

	Yes	No
Does your jaw make noise so that it bothers you or others?	☐	☐
Do you clench or grind your jaws frequently?	☐	☐
Do your jaws ever feel tired?	☐	☐
Do you have any jaw symptoms or headaches upon awaking in the morning?	☐	☐
Do you find jaw pain or discomfort extremely frustrating or depressing?	☐	☐
Do you take medications or pills for pain or discomfort (pain relievers, muscle relaxants, antidepressants)?	☐	☐
Do you have pain in the face, cheeks, jaws, joints, throat, or temples?	☐	☐
Are you unable to open your mouth as far as you want?	☐	☐
Are you aware of an uncomfortable bite?	☐	☐
Have you had a blow to the jaw (trauma)?	☐	☐
Are you a habitual gum chewer or pipe smoker?	☐	☐

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