



14800 KRUSE OAKS BLVD., SUITE A
LAKE OSWEGO, OR 97035
P: 503.684.2944 • F: 503.624.6335

DENTAL HISTORY

Why have you come to the dentist today?

- Are you happy with your smile? Y N
- Would you like your teeth to be whiter? Y N
- Are you currently in pain? Y N
- Do you require antibiotics before dental treatment?
 Y N

- Your current dental health is:
- Good Fair Poor
- Do you floss daily? Y N
 - Do you brush daily? Y N
 - Type of toothbrush:
 Manual Battery Electric
 - Do your gums bleed? Y N
 - Have you ever had periodontal disease?
 Y N
 - Are your teeth sensitive to heat, cold, or anything else?
 Y N
 - Do you have any loose teeth? Y N

Previous Dentist: _____

Last Visit Date: _____

Why did you leave your last Dentist?

PATIENT INFORMATION

Mr Mrs Ms Miss Dr

First MI Last

Single Married Divorced Widowed Separated

Birthday: ___/___/___ Age: _____ Male Female

Social Security Number (SSN): _____ - _____ - _____

Email Address: _____

Home Address:

Street _____

City State ZIP Code

Mailing Address:

Street _____

City State ZIP Code

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Work Phone: () _____ - _____ Ext: _____

How did you hear about us?

Website Yellow Pages Drove Past Other:

Other family members seen by us: _____

Employer:

Company Name _____

How long there: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION

Name Relationship

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Ext: _____

INSURANCE INFORMATION

Insurance Co. Name _____

Phone () _____ - _____ Group # (Plan, Local or Policy #): _____

Insured's Name _____

Insured's Address _____

Social Security Number (SSN): _____ - _____ - _____

Birthday: ___/___/___ Relationship: _____

Insured's Employer _____