

DENTAL HISTORY

1. HAVE YOU EVER HAD A LOCAL ANESTHETIC (NOVOCAINE, ETC.)? YES NO
2. HAVE YOU EVER HAD ANY UNFAVORABLE REACTION FROM A LOCAL ANESTHETIC? YES NO
3. HAVE YOU HAD ANY SERIOUS TROUBLE ASSOCIATED WITH ANY PREVIOUS DENTAL TREATMENT? YES NO
 IF SO EXPLAIN _____
4. HOW LONG SINCE YOUR LAST FULL MOUTH X-RAYS? _____
5. HOW LONG SINCE YOUR LAST DENTAL TREATMENT? _____
6. DOES DENTAL TREATMENT MAKE YOU NERVOUS? YES NO
 IF YES, CHECK SLIGHTLY MODERATELY EXTREMELY
7. WOULD YOU DESIRE TO BE PRE-SEDATED? YES NO

TO THE BEST OF MY KNOWLEDGE, ALL OF THE PRECEDING ANSWERS ARE TRUE AND CORRECT. IF I EVER HAVE ANY CHANGE IN MY HEALTH OR IF MY MEDICATIONS CHANGE, I WILL, WITHOUT FAIL, INFORM THE DOCTOR AT MY NEXT APPOINTMENT.

DATE _____ SIGNATURE _____

YEAR 2

CHANGES IN HEALTH _____

DATE _____ SIGNATURE _____

YEAR 3

CHANGES IN HEALTH _____

DATE _____ SIGNATURE _____

HEALTH QUESTIONNAIRE MUST BE UPDATED EACH YEAR!

REVIEWED BY	DO NOT WRITE IN THIS SPACE		
	YEAR 1	YEAR 2	YEAR 3
YEAR 1 _____	DATE _____	_____	_____
	BP _____	_____	_____
YEAR 2 _____	PULSE _____	_____	_____
	TEMP _____	_____	_____
YEAR 3 _____	BY _____	_____	_____

FINANCIAL INFORMATION

DO YOU HAVE DENTAL INSURANCE? YES NO _____ NAME OF INSURANCE COMPANY _____ ADDRESS OF INSURANCE COMPANY _____ POLICY # LOCAL # BIRTH DATE _____ NAME OF INSURED _____ SOCIAL SECURITY #	DO YOU HAVE A SECOND PLAN? YES NO _____ NAME OF INSURANCE COMPANY _____ ADDRESS OF INSURANCE COMPANY _____ POLICY # LOCAL # BIRTH DATE _____ NAME OF INSURED _____ SOCIAL SECURITY #
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CONSENT FOR TREATMENT

The above health history is complete and correct to the best of my knowledge. I authorize and give consent to perform dental services agreed between Doctor and Patient and/or Guardian to be necessary or advisable, including the use of local anesthesia and other medication as indicated. I agree that, regardless of insurance coverage, I am responsible for payment of services rendered and that a finance charge of 1 1/2% will be applied to accounts past sixty days.

Signature of Patient, Parent, or Guardian

Date