



WELCOME TO OUR OFFICE!

Our goal is to provide you and your family with the finest care possible in a comfortable, friendly and relaxed environment. If you have any questions or concerns regarding your care, please do not hesitate to ask Dr. Sanders or any of his staff.

How did you hear about our office? _____

PATIENT INFORMATION

Patient Name _____

Age _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____

Home Phone _____ Office Phone _____ Cell Phone _____

Email Address: _____

Which number would you like us to contact you on? _____

Occupation _____

Employer _____

Name of Dental Insurance Plan _____

Group Number _____

Spouse's Name _____

DOB _____ SS# _____ Work Phone _____

Occupation _____

Employer _____

Person responsible for payment _____

Relationship to Patient _____

DENTAL HISTORY

Is there anything bothering you today? YES NO

If yes, explain _____

What is the reason for today's visit? _____

Name of previous Dentist _____

When was your last dental visit? _____

Were X-rays taken of all your teeth at that time? YES NO

How often do you get your teeth cleaned? 3-4 months 6 monthly Yearly Other

Does food generally wedge between your teeth? YES NO

Are your teeth sensitive to heat, cold or sweets? YES NO

Do you grind or clench your teeth? YES NO

Do you experience popping or clicking in your jaw joints? YES NO

Are you troubled by bad breath or taste? YES NO

Do your gums bleed easily? YES NO

Have you ever been diagnosed with periodontal or gum disease? YES NO

Are there any growths or sore spots in your mouth? YES NO

Are you self-conscious about the appearance of your teeth? YES NO

Have you ever had an unpleasant experience in the dental office? YES NO

Are you satisfied with your past dentistry? YES NO

Does the thought of going to the dental office make you anxious? YES NO

"I have provided as accurate and complete a medical and personal history as possible including medications that I am currently taking as well as those to which I am allergic. I hereby consent to the use of anesthetics, X-rays and treatment as deemed necessary by the doctor. I understand that I can ask Dr. Sanders or any of his staff any questions that arise prior, during or after treatment."

Signature _____