

DENTAL HISTORY

1. Approximate date of last dental checkup? _____
2. Have you ever had any of the following:

<input type="checkbox"/> Fillings	<input type="checkbox"/> Periodontics (gum treatment)	<input type="checkbox"/> Full or partial dentures
<input type="checkbox"/> Regular cleanings	<input type="checkbox"/> Caps or crowns	<input type="checkbox"/> Orthodontics (braces)
<input type="checkbox"/> Recent dental X-rays	<input type="checkbox"/> Extractions	<input type="checkbox"/> An injury to your mouth or jaws
<input type="checkbox"/> Nitrous oxide (laughing gas)	<input type="checkbox"/> Root canal treatment	
3. Have you ever had an 'unfavourable' dental experience?..... Yes No
If yes, explain? _____
4. Would you like to improve the general cosmetic appearance of your teeth? Yes No
5. Would you like to maintain and keep your natural teeth for a lifetime? Yes No
6. Do you presently have or think you may have any of the following:

<input type="checkbox"/> Loose teeth	<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Unsightly or broken fillings
<input type="checkbox"/> Cavities	<input type="checkbox"/> A bad taste in your mouth	<input type="checkbox"/> Dead or abscessed teeth
<input type="checkbox"/> Gum disease	<input type="checkbox"/> A clicking or sore jaw	
<input type="checkbox"/> Sensitive teeth	<input type="checkbox"/> Earaches or headaches	

OFFICE PHILOSOPHY AND POLICY: (please read)

In an effort to determine a treatment plan that is best for your overall dental health, we must make a careful diagnosis. This involves a thorough examination, often utilizing a prescribed number of X-rays necessary for accuracy.

The longterm success of our efforts will depend on the patient's willingness to maintain their teeth and prevent any future dental problems.

Your appointment time will be reserved specially for you. If you are unable to keep the appointment, we require 1 business days notice.

Our office policy is that services are paid for at each visit as they are performed.

Regarding insurance: All patients with dental insurance are responsible for payment of their own accounts. We are pleased that you have insurance to reimburse or minimize your personal expenditure and we will gladly complete any claim forms to assist you in collecting your dental benefits, based on the information you provide. Please make certain you understand any limitations in your contract. We will gladly submit 'estimate' forms, if necessary.

A healthy dentist-patient relationship is based on mutual respect and understanding. Please feel relaxed and open to discuss with us, any aspect of your treatment of fees, at any time.

CONSENT FOR TREATMENT

This is to certify that I consent to the performing of the dental procedures agreed to be necessary and I will assume responsibility for fees associated with those procedures.

_____ Date

_____ Signature (Parent or Guardian)

QUESTIONNAIRE UPDATE

1. Date _____ Notes _____
2. Date _____ Notes _____
3. Date _____ Notes _____
4. Date _____ Notes _____
5. Date _____ Notes _____
6. Date _____ Notes _____
7. Date _____ Notes _____
8. Date _____ Notes _____
9. Date _____ Notes _____
10. Date _____ Notes _____
11. Date _____ Notes _____
12. Date _____ Notes _____
13. Date _____ Notes _____

We are pleased to welcome you to our practice and hope to provide you, your friends and relatives with the highest quality of dental care.