



## Other Information

Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_

Has your insurance information changed since your last visit? \_\_\_\_\_

## Dental Information

Check all that apply:

- Do your gums bleed when you brush or floss?
- Are your teeth sensitive to cold, hot, sweets, or pressure?
- Does food or floss catch between your teeth?
- Have you had any periodontal (gum) treatment?
- Have you ever had orthodontic (braces) treatment?
- Have you had any problems associated with previous dental treatment?
- Is your home water supply fluoridated?
- Do you drink bottled or filtered water?
- Are you currently experiencing dental pain or discomfort?
- Do you have earaches or neck pains?
- Do you have any clicking, popping or discomfort in your jaw?
- Do you grind your teeth?
- Do you have any sores or ulcers in your mouth?
- Do you wear partial dentures?
- Have you ever had a serious injury to your head, neck or mouth?

## Medical Information— Allergies

Check all that apply:

- Acetaminophen/Tylenol®
- Acrylic
- Animals
- Aspirin
- Codeine
- Demerol
- Erythromycin
- Fluoride
- Food
- Hay fever/seasonal
- Ibuprofen/Motrin®/Advil®
- Iodine
- Latex
- Local Anesthetic
- Metals
- Morphine
- Penicillin
- Sulfa
- Tetracycline
- Other

If other, please explain \_\_\_\_\_