

19th Avenue Dental

Dental History

Why have you come to the dentist today? _____

- Do you currently have pain or swelling?..... Yes No
- Do you desire complete dental care?..... Yes No
- Are your teeth sensitive to heat, cold, or sweets?..... Yes No
- Do you have difficulty chewing food?..... Yes No
- Do you grind or clench your teeth?..... Yes No
- Do you ever have pain in your jaw joint or muscles?..... Yes No
- Do you have clicking or popping in your jaw joint?..... Yes No
- Do your gums ever bleed?..... Yes No
- Have you ever had periodontal disease?..... Yes No
- Are you worried about receiving dental treatment?..... Yes No
- Would you prefer using laughing gas (nitrous oxide)?..... Yes No
- Do you gag easily?..... Yes No
- Your current dental health is?..... Good Fair Poor

Previous/Present Dentist: Name _____ City _____

Date of Last Visit: _____ When was your last cleaning? _____

Are you happy with the color of your teeth?..... Yes No

Are you happy with the way your smile looks?..... Yes No

If not, what would you change? _____

Have you ever noticed slow healing sores in or around your mouth?..... Yes No

Have you lost any teeth?..... Yes No

Is it important to you to retain your natural teeth?..... Yes No

How many times a day do you brush? _____

How many times a day do you floss? _____

Is there anything else we should know? _____

Consent:

The undersigned hereby authorizes Dr. Yamaguchi to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Yamaguchi to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Yamaguchi to perform any and all forms of treatment, medication, and further authorize and consent that Dr. Yamaguchi choose and employ such assistance as he deems fit. I also understand the use of anesthetic agent embodies a certain risk. I understand that responsibility for payment for dental services provided at this office for myself or my dependents is mine, due and payable at time services are rendered. I further understand that a 1.5 finance charge (18% annually) will be added to any balance over 30 days.

Today's Date _____ Patients' Signature _____

If patient is a minor, guardian or parent must sign