



DEEANN BENNETT DDS, PA
cosmetic and family dentistry

Health Information

Patient's Name _____

Date of last dental exam _____ Reason for today's visit _____

Are you experiencing any pain or discomfort?Y N

Are you under the care of a Physician?Y N

If so, what condition is being treated? _____

Physician's Name _____ Phone _____

Address _____

Have you ever been diagnosed with Periodontal Disease?Y N

Have you had Periodontal or Oral Surgery?Y N

If yes, please explain: _____

Have you ever had complications following dental treatment/surgery?Y N

If yes, please explain _____

Have you been treated for bruxism, clenching, jaw pain or experience any related symptoms?.....Y N

Do you have or have you had any of the following diseases or problems? Please Circle:

- | | | |
|------------------------------|-------------------------------|-------------------------------|
| AIDS/HIV/ARC | Diabetes | Herpes |
| Allergies/Sinus Trouble | Emphysema/Tuberculosis | Kidney Disease |
| Anemia | Epilepsy or Seizures | Liver Disease |
| Angina Pectoris/Chest Pain | Excessive Bleeding/Hemophilia | Malignancies |
| Arthritis | Fainting or Dizzy Spells | Mental Disorders/Treatment |
| Artificial/Replacement Joint | Glaucoma | Mitral Valve Prolapse |
| Artificial Heart Valve | Headaches/Migraines | Rheumatic Fever |
| Asthma | Hearing Problems | Rheumatism |
| Blood Pressure (High/Low) | Heart Failure or Attack | Scarlet Fever |
| Blood Transfusion | Heart Pacemaker | STD/VD |
| Bruise Easily | Heart Murmur | Stroke |
| Chemotherapy/Radiation | Heart Surgery | Thyroid Disease |
| Cold Sores | Hepatitis A (infectious) | Ulcers |
| Congenital Heart Lesions | Hepatitis B (serum) | Major Surgery/Hospitalization |
| Cortisone Medicine | Hepatitis C | High Cholesterol |
| | | Other _____ |

Please list any medication, non-prescription or herbal supplements that you are taking: _____

Are you allergic to Penicillin? Y N Please list any other medications that you are allergic to or have had an adverse reaction to: _____

Are you pregnant or think you might be pregnant?Y N

Do you smoke or use tobacco products? Y N If yes, how long? _____

Are you interested in teeth whitening or improving your smile?Y N

To the best of my knowledge the above questions have been answered accurately. I understand that providing incorrect information may be hazardous to my health. I will contact Deeann Bennett, D.D.S., F.A.G.D. if there is any change in my health.

Patient, Parent or Guardian Signature Date