

Dr. Jan E. Angier  
Periodontal Care and Dental Implants  
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## WELCOME TO OUR OFFICE

We are a health centered dental practice, thus we are concerned with your total well being, not just your oral health. An essential part of our approach is a thorough health history. Please fill out both sides of this questionnaire completely, even if some questions may not seem relevant to your present dental health. Thank you!

### PERSONAL INFORMATION

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Mr./Mrs./Miss./Ms.

MAILING ADDRESS: \_\_\_\_\_  
(Street Address, City, State and Zip Code)

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F

SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

### SPOUSE/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

### PERSON(S) TO CONTACT IN AN EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

GENERAL DENTIST: \_\_\_\_\_ City, State \_\_\_\_\_

### CURRENT DENTAL CONDITION:

Are you in pain? Yes No

Do you have trouble chewing or speaking? Yes No

Are you unhappy with the appearance of your smile? Yes No

Additional comments? \_\_\_\_\_

Why are you interested in keeping your teeth? \_\_\_\_\_

### PAST DENTAL CONDITION:

How long have you been under the care of your current general dentist? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Last cleaning: \_\_\_\_\_ Previous dental care has been \_\_\_\_\_ Regular (every \_\_\_\_\_ months) \_\_\_\_\_ Irregular

How often do you brush your teeth? \_\_\_\_\_ Floss? \_\_\_\_\_ Other? \_\_\_\_\_

Describe any serious problems with past dental care: \_\_\_\_\_

Describe any past periodontal treatment: \_\_\_\_\_

Please list any additional information regarding your dental history of which we need to be aware: \_\_\_\_\_

**MEDICAL HISTORY**

**PHYSICIAN(S):**

A: \_\_\_\_\_ Phone: \_\_\_\_\_

B: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_ Did it include: Blood Tests EKG Other tests

**HEALTH STATUS:**

LIST CURRENT MEDICATIONS: \_\_\_\_\_

DRUG ALLERGIES/UNFAVORABLE REACTIONS: \_\_\_\_\_

List any hospitalizations in the last 12 months: \_\_\_\_\_

List any physical limitations: \_\_\_\_\_

Are you a smoker? <i>(Past or Present)</i>	Yes	No
Do you drink alcohol?	Yes	No
High blood Pressure	Yes	No
Artificial Joints/Arteries	Yes	No
Seizure/Fainting Spells	Yes	No
Diabetic	Yes	No
Hypoglycemic	Yes	No
Low Blood Pressure	Yes	No
Steroid Medications	Yes	No
Hepatitis	Yes	No

**Doctor Notes:** *(Office Use Only)*

\_\_\_\_\_

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**Cardiovascular Problems:**

Heart Attack/Heart Failure	Yes	No
Chest Pain	Yes	No
Heart Murmur	Yes	No
Mitral Valve Prolapse	Yes	No
Pacemaker	Yes	No
Heart Surgery	Yes	No
Stroke	Yes	No

**Respiratory Problems:**

Emphysema	Yes	No
Asthma	Yes	No
Chronic Cough	Yes	No
Shortness of Breath	Yes	No
Sleep Apnea	Yes	No

**Women Only:**

Are you pregnant?	Yes	No
Birth Control Pills?	Yes	No
Are you nursing?	Yes	No

**CONSENT**

*The undersigned hereby authorizes Dr. Angier or staff under her authority to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate to make a thorough diagnosis. All responsibility of payment for dental services provided in this office for myself or my dependent is totally mine, due and payable at the time of service unless a previous arrangement has been made. I further acknowledge that a 1 1/2 % finance charge (18% APR) will be added to any balance over 60 days. In the event of default, I hereby promise to pay interest on the indebtedness, as well as collection costs and reasonable attorney fees as may be required to effect collection of this note. I certify all the above questions were answered truthfully and to the best of my knowledge with the understanding they were necessary to provide quality dental care in a safe and efficient manner.*

\_\_\_\_\_  
*Patient or Responsible Party and Relationship to the Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dr. Review*

\_\_\_\_\_  
*Date*