107 Dundas St. E. Whitby, Ontario L1N 2H6

Periodontics & Implantology

## Periodontics Medical and Dental History Forms

Personal Information (please click on where applicable and type directly on this form before printing)

Home Address:				
Tel· H·	W·		ext::	_ Cell:
				<del>-</del>
				from above):
Whom can we thank	for referring you?:			
Insurance Informat	<u>ion</u>			
Do you have dental in	nsurance? □Yes □	No Name of Insured:		Birth Date:
•				How Long y
				-
Policy or Group Num	oer:	I.D. or	Certificate n	umber:
Medical History				
Medical Doctor's Nam	ne:	Telephone Number:		Address:
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•	· ·			reason?
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Please check if applicable
□Do you drink alcohol? How many drinks do you have a dayweek □Do you smoke?
Females
□Do you have trouble with your periods? (If you do not menstruate do not check)
Did you have any complications during pregnancy (If you have never been pregnant do not check)
□Are you pregnant? Due Date:
□Are you taking oral contraceptives (Birth control pills)
The you taking that contraceptives (Birth control pills)
<u>Dental History</u>
☐Have you had any serious trouble associated with any previous dental treatment. If Yes, explain:
□Do you bleed excessively, after tooth extractions?
☐ Have you recently had dental x - rays? If Yes, when:
☐ Have you had undesirable reactions to local or general anesthetics? (For example, Novocaine or Gas)
□Do you clench or grind your teeth?
□Are any of your teeth sensitive to cold or sweets?
☐Are you dissatisfied with the appearance of your teeth?
□ Have you had excessive swelling or pain after oral surgery?
☐ Have your teeth been cleaned recently?
□Do you have bleeding gums?
□Do you have a bad taste in your mouth?
Does food pack between your teeth?
Does your jaw click or pop when you chew?
□ Have you ever-received treatment for periodontal disease?
□ Has a dentist ever ground your teeth to correct your bite?
☐Are you willing to become actively involved in the treatment of your periodontal disease?
Briefiv State vour feelings toward dentures:
Briefly state your feelings toward dentures:
What is your chief complaint concerning your mouth or teeth?
What is your chief complaint concerning your mouth or teeth?  TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE ANSWERS ARE TRUE AND CORRECT, IF I HAVE ANY CHANGE IN MY HEALTH, I WILL INFORM DR. LEVY AT MY NEXT APPOINTMENT.
What is your chief complaint concerning your mouth or teeth?  TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE ANSWERS ARE TRUE AND CORRECT, IF I HAVE ANY

Date

Signature