DENTA4

Form C - New Patient Interview Form

Assistant/Doctor Form | Phone: 1 (604) - 777 - 1337

This Patient This form is to be filled out by the Doctor or Staff while interviewing the Patient. Completing Form C and onward activates a $19.00 Patient Documentation Fee to patient's treatment plan.

Name

Occupation

Spouse's Name

Spouse's Occupation

Any areas hurting/bothering patient?

☐ Yes ☐ No

What is your chief complaint or concern you want to be addressed?

☐ Checkup/cleaning ☐ Tooth pain ☐ Cosmetics ☐ Facial pain ☐ Other

If other, please specify

What are the symptoms you are experiencing?

☐ Throbbing ☐ Swelling ☐ Aching ☐ Bad taste ☐ Bleedy gums ☐ Other

If other, please specify

How long has this been a problem?

☐ Days ☐ Weeks ☐ Months ☐ Years ☐ Other

If other, please specify

How is this effecting your life?

☐ Losing sleep ☐ Irritable ☐ Embarrassed ☐ Missing work ☐ Can't eat ☐ Can't enjoy life ☐ Other

If other, please specify

Date of last dental visit

Medical Questions

Have you ever had surgery?

☐ Yes ☐ No

If yes, please specify

Are you currently under a physician's care?

☐ Yes ☐ No

If yes, please specify

Medications currently taking

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To the best of your knowledge, are you or have you ever been afflicted with:

Heart ailment

☐ Yes ☐ No

If yes, please specify

Hepatitis

☐ Yes ☐ No

HIV

☐ Yes ☐ No

Epilepsy

☐ Yes ☐ No

Rheumatic Fever

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

High Blood Pressure

☐ Yes ☐ No

Respiratory Disease

☐ Yes ☐ No

Prolonged Bleeding

☐ Yes ☐ No

Healing Complications

☐ Yes ☐ No

Allergy to any drugs

☐ Yes ☐ No

If yes, please specify

Are you pregnant

☐ Yes ☐ No If yes, what month

Why did you leave your last dentist?

☐ Insurance changed ☐ Relocated ☐ Didn't have one ☐ Dissatisfied ☐ Other

If other, please specify