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Phoenix - 10855 N Tatum Blvd. # 170, Phoenix, AZ 85028
Gilbert - 3303 S Lindsay Rd Suite 112 Gilbert, AZ 85297

PLEASE HELP US UNDERSTAND YOU!

Patient Name: _____

Date: _____

*Our office is different in that we give our patients our full attention.
We schedule one patient at a time, find out what is important to you and deliver what we promise.
Please answer the following questions so we can better understand your needs.*

How can we help you?

Are you looking for a new dental home? yes no

Do you plan on returning to your old dentist after your treatment is complete? yes no

I am interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Same Day Smile™ (All-on-four) | <input type="checkbox"/> Smile Makeover | <input type="checkbox"/> Metal-free Implants |
| <input type="checkbox"/> Stem Cell Therapy | <input type="checkbox"/> TMJD Treatment | <input type="checkbox"/> Sedation Dentistry |
| | <input type="checkbox"/> Filling upgrade | |

What is your time frame for the above? _____

Your first visit is designed to answer your questions and allow us to see if we are the right dentist for you. If you feel we are not the best fit, we will be happy to refer you to someone we know is a better match. If you feel we can help you, we will take records, do a thorough examination and give you specific options for your dental treatment.

Please begin thinking about the following: How important are the following concepts?
DENTAL HEALTH, PREVENTION, DENTAL COSMETICS, and FACIAL COSMETICS?

We will be discussing this with you shortly. Thank you!



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YOUR HEALTH HISTORY

Patient Name _____ Date Of Birth _____
Address w/Zip _____
Home Phone # _____ Cell Phone # _____
Email _____ Who May We Thank For Referring You To Us _____
Employer _____ Work Phone _____
Primary Physician's Name _____ Physician Phone # _____
Date of Last Physical _____ Emergency Contact _____
Relationship to Emergency Contact _____ Contact Phone # _____

Please answer Yes or No to the following:

AIDS/HIV []Yes []No Heart Murmur []Yes []No Tuberculosis []Yes []No
ANEMIA []Yes []No Heart Problems []Yes []No Tumor or growth on []Yes []No
Arthritis, Rheumatism []Yes []No Hepatitis Type _____ []Yes []No Head/Neck []Yes []No
Artificial Heart Valves []Yes []No High Blood Pressure []Yes []No Ulcer []Yes []No
Artificial Joints []Yes []No Kidney Disease []Yes []No Sleep Apnea []Yes []No
Asthma []Yes []No Liver Disease []Yes []No Headaches []Yes []No
Bleeding abnormally, []Yes []No Mitral Valve Prolapse []Yes []No Jaw Pain []Yes []No
with extractions or surgery
Blood Disease []Yes []No Nervous Problems []Yes []No Jaw Popping []Yes []No
Cancer []Yes []No Pacemaker []Yes []No Limited Opening []Yes []No
Chemotherapy []Yes []No Psychiatric Care []Yes []No Congested Ears []Yes []No
Circulatory Problems []Yes []No Radiation Treatment []Yes []No Dizziness []Yes []No
Cortisone Treatments []Yes []No Rheumatic Fever []Yes []No Ringing Ears []Yes []No
Cough, persistent []Yes []No Scarlet Fever []Yes []No Posture Problems []Yes []No
Diabetes []Yes []No Sinus Trouble []Yes []No Clenching []Yes []No
Epilepsy []Yes []No Stroke []Yes []No Grinding []Yes []No
Fainting or dizziness []Yes []No Swollen Feet or Ankles []Yes []No Facial Pain []Yes []No
Glaucoma []Yes []No Swollen Neck Glands []Yes []No Neck Ache []Yes []No
Heart Lesions []Yes []No Thyroid Problems []Yes []No Bell's palsy []Yes []No
Tonsillitis []Yes []No

List any medications you are currently taking: Please include any blood thinning medications or aspirin?

Are you allergic to any medications or other substances?

Have you taken or currently taking medications for osteoporosis known as bisphosphonates for example Fosamax, Actonel, or Boniva?
yes no List Medication _____

Circle if you have seen: an Orthodontist -had your bite adjusted- had any bite related treatment - TMJ Joint Surgery

Circle if you have seen any of the following healthcare professionals:

ENT, Neurologist, Chiropractor, or Massage Therapist

Do you snore, use a CPAP or have had a sleep study?

yes no

Have you ever had radiation to the head and/or neck?

yes no

Do you use tobacco products? yes no