



# BLACK DIAMOND

## Dentistry

31527 3rd Ave | Black Diamond, WA 98010 | (360) 886-1300

### May we request x-rays?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Have you ever had complications following dental treatments?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Have you ever been admitted to a hospital, or needed emergenc care in the last 2 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Are you under care of a Physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Do you have any health problems that need further clarification?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Name of Physician?

\_\_\_\_\_

### Do you have, or have you ever had any of the following:

(Circle all that Apply)

Bleeding, sore gums

Unpleasant taste or bad breath

Burning tongue or lips

Frequent blisters on lips, or in your mouth

Swelling or lumps in your mouth

Clicking or popping of your jaw

Difficulty opening or closing jaw

Loose teeth

Teeth Sensitive to Hot

Sensitive to Cold

Sensitive to sweets

Sensitive to biting

Food Impaction

Clenching or grinding

Shifting of teeth change of bite

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Visit to Dentist: \_\_\_\_\_

Previous Dentist: \_\_\_\_\_

### Do you like your teeth?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Oral Hygiene: do you use any of the following?

Brush

Dental Floss

Fluoride Rinse

Other: \_\_\_\_\_

### My brush is:

Soft      Medium      Hard      Electric

### I would like additional information on:

Bleaching

Cosmetic dentistry

Implants

Naturopathic/Biological Dentistry

Patient Signature: \_\_\_\_\_

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