SUMNER SMILES DENTISTRY
Dr. Nikolina Nielsen

Patient Name:_____ Date:_____

How often do you brush?_____ How often do you floss? _____ Manual or Electric tooth brush?_____
Physicians Name:_____ Date of last visit:_____Physicians phone#:_____
Preferred pharmacy:_____ Emergency contact:_____

Please check all that apply:

- ○ Bad Breath/Unpleasant Taste
- ○ Bleeding Gums
- ○ Finger Nail Biting
- ○ Clenching/Grinding teeth
- ○ Lip or Cheek Biting
- ○ Burning Tongue/Lips
- ○ Loose Teeth or Broken Fillings
- ○ Pain Around Ear
- ○ Periodontal Treatment
- ○ Sensitivity to Cold
- ○ Sensitivity to Heat
- ○ Sensitivity to Sweets
- ○ Frequent Headaches
- ○ Shifting Teeth
- ○ Food Impaction

Do you have or have you had: (please mark all that apply)

- ○ Anemia
- ○ Arthritis, Rheumatism
- ○ Artificial Heart Valves
- ○ Artificial Joints
- ○ Asthma
- ○ Back Problems
- ○ Bleeding Abnormally
- ○ High Blood Pressure
- ○ Chemotherapy
- ○ Diabetes
- ○ Glaucoma
- ○ Heart Problems
- ○ Hepatitis type__
- ○ Herpes
- ○ Cancer / Tumor
- ○ HIV Positive/AIDS
- ○ Radiation
- ○ Jaw Pain
- ○ Latex Allergy
- ○ Kidney Disease
- ○ Liver Disease
- ○ Low bloodPressure
- ○ High cholesterol
- ○ Other_____ _
- ○ Pacemaker
- ○ Respiratory Disease
- ○ Sinus Trouble
- ○ Thyroid Problems
- ○ Tuberculosis
- ○ Stroke
- ○ Ulcer
- ○ Other _____

	Yes	No		Yes	No
Have you ever had an Allergic reaction to:			Do you use tobacco products?		
Local Anesthetics (ie: novocaine)			Do you use alcohol? (social) (other)		
Antibiotics (please list)			Do you or have you used cocaine, Methamphetamine or other drugs?		
Sulfa Drugs					
Aspirin/Tylenol			Do you use Marijuana?		
(Other)_____			Do you have abnormal bleeding with injury?		
History of bisphosphonate, (current or past)			**For Women;** are you taking Birth Control		
			Pregnant or Nursing		

Have you had any **serious illnesses, injury, or Joint Replacement**? Yes No (If yes, please describe)

_____

_____

List all Medications you are currently taking and the correlating diagnosis:

_____

_____

_____

Patient or Guardian Signature _____ Date_____