COSMETIC AND RECONSTRUCTIVE DENTISTRY ASSOCIATES, P.C.

The Brick Walk – 1275 Post Rd., Suite 201
Fairfield, Connecticut 06824
(203) 255-6878 FAX (203)319-1124

Date______________

Patient's Name ____
(Dr./Mr./Mrs./Ms./Miss) Last First Middle

Home Address/**No P.O.Box**____
Street Town State/Zip

Telephone: Home________________________Business___________________________Cell_________________________

***Where would you like to be confirmed? Cell _____Home_____Work_____Email_____

E-mail address____

Age_______ Date of Birth__________________________ Social Security # ____

Employer__________________________________ Town______________________Position_____________________________

If self-employed, name of business__________________________________Town________________________________

Spouse's Name_____________________Employer______________________DOB___________SS#_____________________

Do you have children_________ Ages_______________ Person responsible for services ________________________________

Do you have dental insurance? ____ Insurance Co. Name & Address______________________________ Group#____________

Name & Relation to insured____________________Employer____________________D.O.B.__________SS#______________

Whom may we thank for referring you to us? ____

It would be helpful if you would indicate below what things you are looking for most in choosing your dentist: _______________

Are your teeth chipped or discolored ? Yes_____ No_____ Do you have spaces or old fillings you don't like? Yes ____ No _____

Are you completely happy with the appearance of your smile? Yes_____ No_____ If you answered No, please explain: ________

____

____

How do you rate the health of your mouth?	1	2	3	4	5
	☐	☐	☐	☐	☐
	Poor				Excellent

How long has it been since your last thorough dental examination?_____________Were X-rays taken at this time?____________

Who was your previous dentist? ____
Name Address Phone #

Reason for change____

Do you have periodic dental cleanings & check-ups?________Last cleaning____________

Do you clench or grind your teeth during the day or night?__________________________

Do your gums bleed when you brush?____________________

Have you had any missing teeth replaced? if not, why?____________________________

Do you have a history of getting many cavities or breaking old fillings?______________________

Are you nervous or apprehensive during dental visits?______________________________

Is any part of your mouth sore to pressure or irritants – cold, sweets?______________________

Do you gag easily?______________________________

Do you have pain in or near your ears?____________________

Do you need to be premedicated with antibiotics before dental treatment?______________________________

For routine dentistry, do you have novocaine? □Never □Sometimes □Always

Physician____________________________Address____________________________________Phone__________________

ALLERGIC TO:
- □Penicillin
- □Erythromycin
- □Sulfa drugs
- □Epinephrine/Vaso Constrictor
- □Codeine
- □Foods
- □Latex
- □Other

What medications are you currently taking?______________________________

____

Reason for the medications____

____

What vitamins/supplements are you taking?______________________________

Do you smoke?______________________Drink Coffee/Tea______________________

Whom should we notify in an emergency?

____
Name Address Phone

Do you have OR have you ever had?

	YES	NO		YES	NO		YES	NO
High Blood Pressure	□	□	Low Blood Pressure	□	□	Stroke	□	□
Heart Murmur	□	□	Heart condition	□	□	Asthma	□	□
MVP	□	□	Diabetes	□	□	Epilepsy	□	□
Hepatitis	□	□	Kidney disease	□	□	Rheumatic fever	□	□
Liver disorder	□	□	Sinus problems	□	□	AIDS/HIV	□	□
Thyroid condition	□	□	Herpes/VD	□	□	Anemia	□	□
Bleeding Problem	□	□	Cancer	□	□	Other ________________________		
Arthritis	□	□	Artificial Bones/Joints	□	□	________________________		
Fever Blisters	□	□	Intestinal/Stomach disorder	□	□			

Signature (Parent's signature if Minor)____**Date** ________________

Hipaa Confidentiality Notice: All information received in this form is confidential and intended only for the doctors and or the staff