

THOMAS FRANK, DDS

DENTISTRY FOR TOTAL BODY WELLNESS

LET'S GET ACQUAINTED

We are delighted you have chosen our team to be an important part of your overall health. As your dental care provider, we will always ask, listen, and respect what is important to you.

Thank you for taking the time to fill out your patient paperwork and preferences.

Name: _____ Preferred Name: _____

Please let us know what is important to you in selecting your dental care provider? _____

On a scale of 1 - 10, with 10 being the highest:

How important is your dental health? 1 - 10 _____

How would you rate your current dental health? 1 - 10 _____

Has anyone effectively explained the connection between your over-all health and your dental health?

Yes No

How would you rate your dental anxiety at this point in general? 1 - 10 _____

Have you ever had a less than favorable dental experience? If so, would you be willing to share the specifics with us? _____

We spoke with you personally on the phone as to the purpose of your scheduled appointment. Is there anything else you want us to know before we see you? _____

■ YOUR CONTACT INFORMATION:

Preferred Phone Number: _____ Email Address: _____

How do you prefer to receive communications from us? Check all that apply.

Phone call Text Email

Your Address: _____ City: _____ Zip: _____

■ DENTAL HISTORY

Have you ever had? Please check all that apply.

- Orthodontic Treatment
- Oral Surgery
- Periodontal Therapy
- Cosmetic Dental Treatment
- TMJ Therapy
- Night Guard
- Implants
- Crown and Bridge

Present Dental Challenges? Please check all that apply.

- TMJ Pain
 - Bleeding when you brush or floss
 - Teeth sensitive to hot or cold
 - Teeth that move or loose
 - Bad Breath
 - Dryness in your mouth
 - Spaces between your teeth that trap food?
- Other _____

■ **MEDICAL CONSIDERATIONS**

Have you ever been told you need to premedicate before a dental appointment? Yes No

Are you allergic to latex or any other products we should know about? Yes No

Do you have any difficulty in laying back for your dental appointment? Yes No

Have you ever had a hard time getting numb for a dental appointment? Yes No

Anything else you would like us to know about your current medical conditions that you think would affect our first appointment with you? _____

■ **HOW DID YOU HEAR ABOUT US?**

- Our website
- Google Search
- Social Media

Personal referral - If so, to whom may we thank? _____

■ **INSURANCE**

If you have an insurance plan you would like us to use - please provide us the following information. If there is dual involvement let Maria, our Patient Coordinator, know after making your next appointment.

Name of Insurance Company: _____

Name of Employer: _____

Birth Date: _____ Social Security # _____ Relationship to Patient: _____

Thank you again for your time. We look forward to meeting you soon.

Dr. Frank & Team