

Dental History, Receipt of Notice of Privacy Practices and Dental Materials Brochure

Patient's Name _____ Date of Birth _____

Dental Information and History

Previous Dentist: _____ How often do you brush? _____ x day
 Last dental visit: _____ How often do you floss? _____ x week
 Last cleaning: _____ Your toothpaste brand? _____
 Frequency of visits? _____ Does your toothpaste contain Fluoride? Yes No

Describe your consumption of sugary foods and beverages (amounts and frequency)

Do you have a history of any of the following?				Office use only	
Extensive decay	Yes	No	Sensitive teeth	Yes	No
Gum disease	Yes	No	Loose teeth	Yes	No
Bleeding gums	Yes	No	Grinding your teeth	Yes	No
Mouth surgery	Yes	No	Bad breath	Yes	No
Jaw pain	Yes	No	Dry Mouth	Yes	No
Jaw joint problems	Yes	No	False teeth	Yes	No
Braces	Yes	No	Difficulty chewing	Yes	No
Other _____					

Condition - Consequences - Concern

Do you smoke or chew tobacco? Yes No If yes, how much? _____ Alcohol consumption? Never Socially Heavy
 Are you nervous about having dental treatment? Yes No
 Are you happy with your smile? Yes No Explain _____

Our Notice of Privacy Practices

....describes how your health information may be used and disclosed, and how you can get access to this information.
 Be assured that we keep all patient records in the strictest of confidence.

I have been offered a copy of the Suncook Dental *Notice of Privacy Practices*

Signature of Patient or Legal Representative/Guardian _____ Relationship of Representative _____

The State of New Hampshire - Dental Restorative Materials Brochure

....describes the materials used in dentistry to repair teeth damaged by decay, trauma or other issues.

I have been offered a copy of the *NH Dental Restorative Materials Brochure*.

Signature of Patient or Legal Representative/Guardian _____ Relationship of Representative _____

Case Presentation and Publication Release

I authorize the use of the radiographs, photographs and models of my case for use in professional presentations or publications.
 Be assured that your anonymity will be protected.

Signature of Patient or Legal Representative/Guardian _____ Relationship of Representative _____

Suncook Dental
 119 Pembroke Street
 Suncook, New Hampshire 03275