

the
dentists
of owatonna family dentistry

Dr. Jeffrey Huxford • Dr. Nicholas Wiese • Dr. Bronson Schelling

PATIENT REGISTRATION

DATE _____ HOME PHONE _____
NAME _____
FIRST _____ MIDDLE _____ LAST _____
RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP _____
PLACE OF BUSINESS _____ PHONE _____
DATE OF BIRTH _____ SEX _____ AGE _____ OCCUPATION _____
CELL PHONE _____ EMERGENCY CONTACT: RELATIVE NAME & PHONE # _____
SPOUSE'S NAME _____ SPOUSE EMPLOYED BY _____
NAME OF DENTAL INSURANCE (if applicable) _____ POLICY HOLDER'S NAME _____
WHOM CAN WE THANK FOR REFERRING YOU TO OUR OFFICE? _____ POLICY HOLDER'S SS# _____
WHO WILL BE RESPONSIBLE FOR PAYING THIS ACCOUNT? _____

DENTAL HEALTH

Reason for visit: _____
When was your last dental visit? _____
What was done then? _____
Have you ever had any serious problem associated with dental treatment? ☐ Yes ☐ No
If so explain: _____
How often do you brush your teeth? _____
What texture brush do you use? ☐ Soft ☐ Medium ☐ Hard ☐ Nylon ☐ Natural
How often do you floss? _____
Do your gums bleed while brushing or flossing?..... ☐ Yes ☐ No
Do you feel twinges of pain when you teeth come in contact with:
a) hot or cold foods or liquids, i.e., soup, coffee, ice cream?..... ☐ Yes ☐ No
b) sweets, i.e., candy, fruit, sweet desserts, etc?..... ☐ Yes ☐ No
Do your gums feel tender or swollen?..... ☐ Yes ☐ No
Do you clench or grind your jaws while sleeping or during the day?..... ☐ Yes ☐ No
Do your jaws ever feel tired?..... ☐ Yes ☐ No
Do you usually have many cavities?..... ☐ Yes ☐ No
Do you lose or break fillings?..... ☐ Yes ☐ No
Have you ever had your teeth straightened?..... ☐ Yes ☐ No
Have you ever had gum (periodontal) treatment?..... ☐ Yes ☐ No
Are you familiar with the term "preventive dentistry"?..... ☐ Yes ☐ No
How do you feel about your smile? _____
How do you feel about restoring your smile to it's best possible condition? _____
Please describe any current medical treatment, impending operations or any other medical or dental information that may possibly affect your dental treatment. _____

(OVER)

