

DENTAL HISTORY

- (1) What prompted you to seek dental care at this time? _____
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- (2) On a scale of 1 to 10 (10 being the highest), what priority do you give your teeth? _____
- (3) Have you experienced any discomfort from your teeth or gums lately? Yes No
- (4) Have you noticed any popping, clicking or tiredness of your jaw joint? Yes No
- (5) Do you have any missing teeth that have not been replaced? Yes No
- (6) Do you feel that you cannot chew well? Yes No
- (7) When did you last have x-rays taken of your teeth? _____ Last cleaning? _____
- (8) Do you receive any type of fluoride? Yes No
- (9) The name and address/phone number (if available) of your former dentist: _____
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- (10) Why did you choose our office for your dental needs? _____
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- (11) Whom may we thank for referring you to our office? _____

PREVENTIVE DENTAL HISTORY

- (1) Have you been taught proper brushing methods? Yes No
- (2) Have you been taught proper flossing methods? Yes No
- (3) Do your gums bleed easily, especially when you clean them? Yes No
- (4) Do you have any problems with bad breath? Yes No
- (5) Have you ever been told you have gum disease (Pyorrhea)? Yes No
- (6) Is there anything you feel we should know to help us in your treatment? _____

Augusta Dental Associates
Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

This is to certify that I have received a copy of this office's Notice of Privacy Practices
(See attached brochure)

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify) _____