



BLACK DIAMOND

Dentistry

31527 3rd Ave | Black Diamond, WA 98010 | (360) 886-1300
25052 104th Ave SE Suite E | Kent, WA 98030 | (253)852-8787

May we request x-rays?

Yes _____ No _____

Have you ever had complications following dental treatments?

Yes _____ No _____

Have you ever been admitted to a hospital, or needed emergenc care in the last 2 years?

Yes _____ No _____

Are you under care of a Physician?

Yes _____ No _____

Do you have any health problems that need further clarification?

Yes _____ No _____

Name of Physician?

Do you have, or have you ever had any of the following:

(Circle all that Apply)

Bleeding, sore gums

Unpleasant taste or bad breath

Burning tongue or lips

Frequent blisters on lips, or in your mouth

Swelling or lumps in your mouth

Clicking or popping of your jaw

Difficulty opening or closing jaw

Loose teeth

Teeth Sensitive to Hot

Sensitive to Cold

Sensitive to sweets

Sensitive to biting

Food Impaction

Clenching or grinding

Shifting of teeth change of bite

Patient Name: _____

Date of Birth: _____

Last Visit to Dentist: _____

Previous Dentist: _____

Do you like your teeth?

Yes _____ No _____

Oral Hygiene: do you use any of the following?

Brush

Dental Floss

Fluoride Rinse

Other: _____

My brush is:

Soft Medium Hard Electric

I would like additional information on:

Bleaching

Cosmetic dentistry

Implants

Naturopathic/Biological Dentistry

Patient Signature: _____

Date: _____