



ADULT EXAMINATION QUESTIONNAIRE

Date: _____

Name _____ Email _____

Home Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Best number to reach you during the day: Cell Home Work Other _____

Date of Birth _____ Social Security No. _____

Employer _____ Business Address _____

Full-time Student Yes No Name of College/University _____

Emergency Contact _____ Phone _____

Name of Spouse _____ Spouse's Birth Date _____

Spouse's Employer _____ Spouse's Social Security No. _____

PERSON FINANCIALLY RESPONSIBLE Name _____

Date of Birth _____ Social Security No. _____

Employer _____ Dental Insurance Company _____

1. What prompted you to seek dental care at this time? _____

2. Approximate date of your last thorough dental examination and cleaning? _____

3. If you are having dental pain at this time, please describe it and its location _____

MEDICAL HISTORY

CIRCLE

1. Do you feel very nervous about having dental treatment? YES NO

2. Have you ever had a bad experience in the dental office?..... YES NO

3. Have you been a patient in the hospital during the past two years?..... YES NO

4. Have you been under the care of a medical doctor during the past two years?..... YES NO

5. Have you taken any medications, drugs or herbal supplements during the past two years?..... YES NO

List: _____

6. Are you allergic to (i.e., itching, rash, swelling of hands, feet or eyes) or made sick by penicillin, aspirin, codeine, or any drugs or medications?..... YES NO

List: _____

7. Have you ever had any excessive bleeding requiring special treatment?..... YES NO

8. Circle any of the following which you have had or have at the present:

Heart Failure, Disease, Attack	Emphysema	HIV
Tobacco Use	Cough	Hepatitis A (Infectious)
Angina Pectoris	Tuberculosis (TB)	Hepatitis B (Serum)
High Blood Pressure	Asthma	Liver Disease
Heart Murmur	Migraine	Yellow Jaundice
Rheumatic Fever	Sinus Trouble	Blood Transfusion
Congenital Heart Lesions	Allergies or Hives	Drug Addiction
Scarlet Fever	Diabetes	Hemophilia
Artificial Heart Valve	Thyroid Disease	Venereal Disease (Syphilis, Gonorrhea)
Heart Surgery	Chemotherapy (Cancer, Leukemia)	Genital Herpes
Artificial Joint/Limbs	Arthritis	Epilepsy or Seizures
Anemia	Rheumatism	Fainting or Dizzy Spells
Stroke	Cortisone Medicine	Nervousness
Kidney Trouble	Glaucoma	Psychiatric Treatment
Ulcers	Pain in Jaw Joints	Sickle Cell Disease
Mitral Valve Prolapse	TMJ	Bruise Easily

9. Have you ever been told you need to be pre-medicated for dental treatment?..... YES NO
10. When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest, or shortness of breath, or because you are very tired?..... YES NO
11. Have you been told you have allergies to certain metals?..... YES NO
12. Do you use more than 2 pillows to sleep?..... YES NO
13. Have you lost or gained more than 10 pounds in the last year?..... YES NO
14. Do you ever wake up from sleep short of breath?..... YES NO
15. Are you on a special diet?..... YES NO
16. Has your medical doctor ever said you have a cancer or tumor?..... YES NO
17. Do you have any disease, condition, or problem not listed?..... YES NO
18. **WOMEN:** Are you pregnant now?..... YES NO
 Are you using oral contraceptives?..... YES NO
 Is there a possibility of or do you anticipate becoming pregnant?..... YES NO

Name of your physician _____ Name of your previous dentist _____

Whom may we thank for recommending us to you? _____

I agree to be responsible for all charges for dental services and materials not paid by my dental plan, if one is in force. I consent to your use and disclosure of my protected information to carry out payment activities in connection to any dental claims. I authorize and direct payment of dental benefits otherwise payable to me, directly to Michael A. Goyette, D.D.S., Inc. or dental entity.

Signature _____

Thank you for your cooperation. If there is any other information which you feel would be of value to us in your dental treatment, please add it above. Please understand that when appropriate, credit bureau reports may be obtained.