Dr. James Braun D.D.S.M.S.

Prosthodontics

Please answer all yes or no questions on both sides of this paper. There is extra space for you to comment on anything that may need further explanation. Your answers are for our office only and will be considered confidential.

1. **Do you think you teeth are affecting your general health in any way?**

Yes or No ____

2. **Are you dissatisfied with the appearance of your teeth?**

Yes or No ____

3. **Are you worried about receiving dental treatment?**

Yes or No ____

4. **Do you have any sensitive teeth?**

Yes or No ____

5. **Have you ever experienced a bad reaction to a dental anesthetic?**

Yes or No ____

6. **Have you ever had any injury to your face or jaw?**

Yes or No ____

7. **Have you ever had surgery for any condition in your mouth?**

Yes or No ____

8. **Are you taking any medications now?**

Yes or No ____

9. **Have you been examined by your physician within the last year or are you under the care of a physician for any condition now?**

Yes or No ____

10. **Has there been any change in your general health in the last year?**

Yes or No ____

11. **Have you ever been hospitalized seriously ill, or had a major operation?**

Yes or No ____

12. Please circle if you have had any of the following:

*Rheumatic Fever *Liver Disease *Heart Murmur *Venereal Disease

* High Blood Pressure * Tuberculosis * Diabetes * HIV or AIDS

* Heart Attack *Kidney Disease *Stroke

13. Do you have any blood disorder?

Yes or No ____

14. Do you have asthma?

Yes or No ____

15. Have you had any skin diseases or rashes?

Yes or No ____

16. Please circle the following drugs you have had a reaction to:

* Aspirin *Penicillin *Sulfonamides *Barbiturates (Sleeping Pills)

Other Medications ____

17. Do you have frequent severe headaches?

Yes or No ____

18. Do you grind your teeth?

Yes or No ____

19. Does your jaw click when you chew or is it painful to open?

Yes or No ____

20. Do you ever have seizures or convulsions?

Yes or No ____

21. Do you have a tendency to faint?

Yes or No ____

22. WOMEN: Are you pregnant at this time? ______________________________

In your own words, why are you at this office today ______________________________

____

Signature: __________________________ Date: ______________________________