It is very important to understand your physical condition when visiting a doctor, so please answer the following questions accurately.

Date: _____

Address 〒 _____

Name (Last, First) _____ Phone number _____

1	Reason for Visiting	Treat cavities or fix fillings			Check for cavities, gum disease, etc.
		Get dentures			Straighten teeth
		Teeth cleaning			Pull a tooth
2	Where does it hurt? (Please circle where applicable.)	Upper right	Upper front	Upper left	1 Tooth 4 Tongue
		Lower right	Lower front	Lower left	2 Gums 5 Lips
					3 Cheeks 6 Jaw
3	Have you ever had a tooth extracted?	No			
		Yes	Which tooth?		Month/Year
4	Did you have any problems afterwards?	No			
		Yes	Bleeding wouldn't stop		Developed Anemia
			Pain lasted for several days		Fever
5	Have you had any side effects from taking medicati	No			
		Yes	Stomachache		Hives
			Itching		Other
6	Any side effects from injections?	No	Yes		
7	Do you have any allergies?	No			
		Yes	Rash		Hives
			Asthma		Bruise easily
8	Do you have any of the following illnesses? (Please circle, if applicable)	Heart Disease	Kidney Disease	Liver Disease	High or low blood pressure
		Diabetes	Rheumatism	Asthma	Stomach issues
9	Have you ever been hospitalized or required non-dental surgery?	Yes ( )			No
10	Are you on any current medications?	Yes ( )			No
11	Are there any medications that don't agree with your body?	Yes ( )			No
12	If you are currently under treatment at another clin and/or hospital, please fill in the details here.	Orthopedic/Plastic ( )			Internist ( )
		OB/GYN ( )			ENT ( )
		Other ( )			
13	For Women only	Pregnant (month)			Currently Menstruating Y/I
14	Which general practioner are you going to?				
15	Blood Type (Please circle one)	A	B	AB	O
16	How did you hear about our clinic?	Referral ( )			Internet・Smart phone
		Train ad			Other ( )

Suzuki Dental Clinic Phone: 052-791-2875