Smile4Us Dental
5050 FM 1960 W, Ste 126, Houston, TX 77069
(281) 440-0814 - smile4us1960@gmail.com

Patient form

Medical & Dental History

This template helps the clinical team review your health history before treatment.

[TODO: clinic to review and approve this template before using it with patients.]

Patient information

Legal name _____

Preferred name _____

Date of birth _____

Phone _____

Email _____

Address _____

Medical history

[ ] Heart condition
[ ] High blood pressure
[ ] Diabetes
[ ] Asthma or breathing condition
[ ] Bleeding disorder
[ ] Pregnancy
[ ] Allergies
[ ] Current medications

Other conditions or notes _____

Dental history

[ ] Tooth pain or sensitivity
[ ] Bleeding gums
[ ] Jaw pain or clicking
[ ] Previous orthodontic treatment
[ ] Dental anxiety

Last dental visit _____

Main concern today _____

Review and signature

I understand this template must be reviewed by the clinic and that final clinical questions may be updated before use.

Patient/guardian signature _____

Date