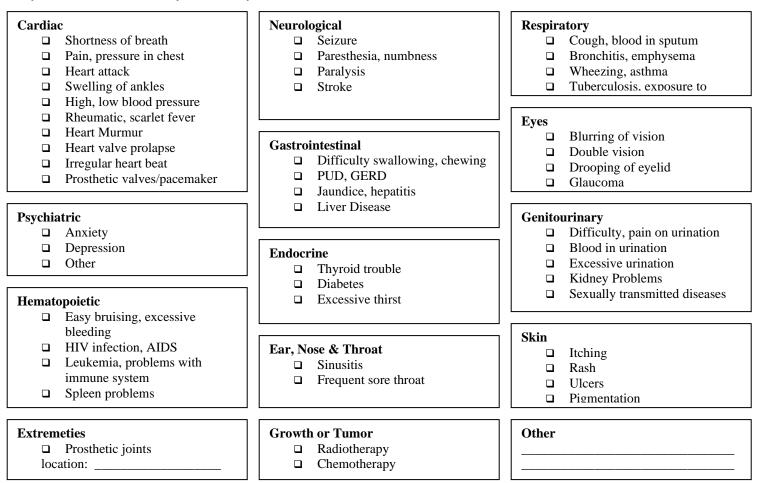
Tillman Family Dental DMD PC

Health Questionnaire

 w did you hear about this clinic? Family/Friend Internet Search Insurance Company Website 	Purpose of Dental Visit: • Chief complaint			
usic Preference				
 CNTAL HISTORY Frequency of visits to the dentist? Difficulties with past treatment? Date of most recent x-rays? <u>History of oral-facial</u> injuries (dat History of TMJ (temporomandibu (date, type of problem, cause)? Do you have: Dry mouth 	Y or N e, type of injury, cause ilar joint) discomfort/p	ain/popping/grinding	?	
EDICAL HISTORY (past and prese				
 Are you now or have you been un For what purpose?		Physician's p	hone	
ALLERGIES TO MEDICATIONS	: (describe reaction, er	nd result)?		
ALLERGIES TO MEDICATIONS	: (describe reaction, er	nd result)?		
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ALLERGIES TO MEDICATIONS MEDICATIONS: (dosage, dosage in	· 	· · · · · · · · · · · · · · · · · · ·		
	· 	· · · · · · · · · · · · · · · · · · ·		
	nterval, route, including	· · · · · · · · · · · · · · · · · · ·		
	nterval, route, including	g vitamins)		
	nterval, route, including	g vitamins)		
	nterval, route, including	g vitamins)	o, how many mo	

Do you now have or have you had any of the conditions listed?



I certify that I have answered all of the questions on this two page form and I have answered these questions truthfully and completely. I understand that not answering the questionnaire completely may result in serious complications with my overall health and/or dental treatment. I will not hold the dental clinic, the dentist, or any member of the dental staff responsible for any errors or omissions that I have made. In other words, I assume full responsibility for the accuracy of this questionnaire. I give my permission to discuss any portion of my medical history with my physician and/or pharmacist.

Signature of Patient or Guardian

Date