

Pamela J Asseff, DDS, PSC
 The Smile Specialist!
 3046 Breckenridge Lane
 Suite 101
 Louisville, Kentucky 40220
 502-493-4154

Name _____
 Address _____

 Phone _____
 DOB _____
 SSN _____

Dental History

Last dental visit _____ Services _____ Visits Regular _____ X-rays _____
 Discomfort now _____ Any missing teeth _____ Why _____ Replacements
 Missing replaced by FPD _____ RPD _____ Implant _____ Denture _____
 Food collects between teeth _____ Sensitive to Hot _____ Cold _____ Sweets _____
 Unpleasant taste _____ Floss _____ When _____ Mechanical TB _____
 How often do you brush your teeth _____ When _____ Gums Bleed _____ When _____
 How do you feel about their appearance _____
 How do you feel about dentures _____

Health History

Physician _____ Phone _____ Under care now _____
 Reason _____
 Allergy to medication _____

Circle Yes or No

Headaches Yes or No	Cancer Yes or No	Take pain medication Yes or No
Sinus Problems Yes or No	Radiation or Chemo Yes or No	Anxiety or Psychiatric Medication Yes or No
High/Low BP Yes or No	Hepatitis Yes or No	Alcohol or Substance Abuse Yes or No
Stoke Yes or No	HIV or AIDS Yes or No	Tobacco Use Yes or No
Heart Attack Yes or No	Diabetes Yes or No	Medication Yes or No
Heart Murmur Yes or No	Arthritis Yes or No	Hospitalizations Yes or No
Heart Surgery Yes or No	Epliepsy Yes or No	Pregnant Yes or No
Valve Damage Yes or No MVP Yes or No	Thyroid Disease Yes or No	Trying to Become Pregnant Yes or No
Bleed Easily Yes or No	Kidney Disease Yes or No	Birth Control Pills Yes or No
HPV/STD Yes or No	Stomach Disease Yes or No	Nursing Yes or No
Anemia Yes or No Organ Transplant Yes or NO	Respiratory Disease Yes or No TB Yes or No	Joint Replacement Yes or NO