

Douglas A. Wheelock, DDS, PC and Brian B. Bursick, DDS
Additional Information

Patient Name _____
Last
First
Middle

Date of Birth _____ Height _____ Weight _____

Place of Employment _____ Occupation _____

Name of Spouse _____

Closest Relative _____ Phone _____

My last physical examination was on _____

Name and address of my physician is _____

How did you hear about our office? _____

MEDICATION LIST AS OF (Date) _____			
MEDICATION	TREATMENT FOR	MEDICATION	TREATMENT FOR
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

What is the reason for today's visit?

Chief Dental Complaint _____

Have you had any dental treatment recommended that was not completed?

What did you like most about any dentist that you have seen?

Why did you leave your last dentist?

How long since your last dental visit? _____ What was the nature of your last visit? _____

Have you had any serious trouble associated with any previous dental treatment?

What did you like least about any dentist you have seen?

If you could wave a magic wand and change one thing about your smile, what would it be?

Are you interested in whitening your teeth?

If you are completing this form for another person, what is your relationship to that person? _____

Date: _____

 Signature of Patient/Person Completing Form