

ROBERT G. SCHULTZ, D.D.S

Patient Questionnaire Form

Name: _____ Address: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Sex (M/F) _____

Home Phone: _____ Cell Phone: _____ Birthdate: _____

Marital Status: _____ Name/Address of Responsible Party: _____

Employer Name/Address: _____ Referred By: _____

Dental Insurance (Y/N) _____ Name & Address: _____

1. When was your last physical exam? _____
2. When was your last dental exam? _____
3. Do you have any problems with PENICILLIN, ANTIBIOTICS, ANESTHETICS OR OTHER MEDICATION? _____ Yes _____ No
4. Are you Sensitive to any METALS OR LATEX? _____ Yes _____ No
5. Do you have a pacemaker or heart valve implant? _____ Yes _____ No
6. Do you have any artificial joints/prosthesis? _____ Yes _____ No
7. Are you pregnant or suspect you may be? _____ Yes _____ No
8. Do you use birth control medication? _____ Yes _____ No
9. Do you smoke or use smokeless tobacco? _____ Yes _____ No
10. Do you have pain in or near your ear? _____ Yes _____ No
11. Have you experienced growths/sore spots in your mouth? _____ Yes _____ No
12. Any difficult extractions (PROLONGED BLEEDING)? _____ Yes _____ No
13. Are you taking any blood thinners? _____ Yes _____ No
14. Do you have any dental complaints? _____ Yes _____ No
15. Has a PHYSICIAN even informed you that you have/had:
 - A HEART AILMENT OR MURMUR? _____ Yes _____ No
 - HIGH BLOOD PRESSURE? _____ Yes _____ No
 - RESPIRATORY DISEASE? _____ Yes _____ No
 - RHEUMATIC FEVER? _____ Yes _____ No
 - RHEUMATISM OR ARTHRITIS? _____ Yes _____ No
 - TUMORS OR GROWTHS? _____ Yes _____ No
 - BLOOD, LIVER, OR KIDNEY DISEASE? _____ Yes _____ No
 - STOMACH OR INTESTINAL DISEASE? _____ Yes _____ No
 - YELLOW JAUNDICE OR HEPATITIS? _____ Yes _____ No
 - VENEREAL DISEASE? _____ Yes _____ No
 - AIDS OR HIV? _____ Yes _____ No
 - CANCER? _____ Yes _____ No

Please list any DRUGS or MEDICATION you are currently taking: _____

I _____ certify that the above information is complete and accurate.

Patient's/Guardian's signature: _____