

# Dr. LeGrand Bingham

## We Would Like To Get To Know You Better!

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Residence \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Who Referred You to Our Office? \_\_\_\_\_  
Person Responsible for Dental Investment? \_\_\_\_\_ Email address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**FOR INSURANCE PURPOSES:**  
Subscribers Name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Group Number \_\_\_\_\_ Ins. Co. \_\_\_\_\_  
Are you covered by another plan? \_\_\_\_\_ If so, Ins. Company \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Group Number \_\_\_\_\_ Ins. Phone Number \_\_\_\_\_

Are your teeth sensitive to: Yes No  
Heat? \_\_\_\_\_  
Cold? \_\_\_\_\_  
Sweets? \_\_\_\_\_  
Biting Pressure? \_\_\_\_\_  
Does food catch between your teeth? \_\_\_\_\_  
Any gum swelling around any teeth? \_\_\_\_\_  
Reason \_\_\_\_\_  
Do you use dental floss routinely? \_\_\_\_\_

Problems of the Jaw:  
Clicking of the Jaw  
Pain (joints, ear, side of face)  
opening or closing  
Difficulty chewing  
Headaches/Migraines

Do you experience any sensitivity while brushing? \_\_\_\_\_

Have you had a reaction to local anesthetic? \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Are you dissatisfied with your teeth and their appearance? \_\_\_\_\_

Have you ever been treated for gum disease? \_\_\_\_\_

Do you think that your teeth are affecting your general health in any way? \_\_\_\_\_

Do you currently smoke? \_\_\_\_\_

Have you ever had any teeth removed/extracted? \_\_\_\_\_

Do you have any fears about the dentist? \_\_\_\_\_

Do you have any general health problems? \_\_\_\_\_  
Have you had any surgery? \_\_\_\_\_  
If so, please specify \_\_\_\_\_  
Are you currently under a physician's care? \_\_\_\_\_  
Any medication? \_\_\_\_\_

Do you require a pre-medication antibiotic for a heart condition, artificial valve, or artificial joint? \_\_\_\_\_ Difficulty

To the best of your knowledge, are you afflicted with any of the following:  
Heart Murmur  
Heart Aliment  
Diabetes  
Rheumatic Fever  
High Blood Pressure  
Respiratory Disease  
Hepatitis  
HIV Positive  
Prolonged Bleeding  
Healing Complications  
Allergy to any drug  
Allergy to latex  
Asthma  
Blood Disorder  
Tuberculosis  
Heart Attack

Kidney Disease

What is your present dental problem? \_\_\_\_\_

Have you ever taken Phen-Fen, Fosamas or Boniva?

Are you Pregnant, Month

\_\_\_\_\_

When was your last dental appointment? \_\_\_\_\_

Why did you leave your last dentist? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please help us serve you better, as well as the rest of our patients. If you are unable to keep your scheduled appointment, kindly give us **24 hours notice** in order to give us enough time to allow another patient to take your appointment. There will be a missed appointment fee of \$50.00 per hour of scheduled appointment time if required notice is not given.