Earl E. Woeltje DDS MAGD
712 N. Bloomington St.
Streator, Illinois 61364
815-672-2195

WE WOULD LIKE TO GET TO KNOW YOU BETTER!

There are three pages please answer them to the best of your knowledge.

Name_____Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Cell Phone_____ Sex_____

Email (For our office only) _____

Birth Date_____ Social Security Number_____

MARITAL (S,M,W,D)_____ Spouse's Name_____

Patient's Employer_____Occupation_____

Employer's Address_____

Work Phone Number_____Extension_____

Whom May We Thank For Referring You to Our Office?

_____

Who will be responsible for payment of this account.

If different than above:

Address_____

City_____State_____Zip_____

Employer_____Social Security Number_____

Employer's Address_____

Work Phone Number_____Extension_____

Relationship to Patient: Parent_____Spouse_____Other_____

If you also have dental insurance please ask for our Insurance Policy so we can enter your information accurately

MEDICAL HISTORY

1. Who is your physician: _____
2. Please list: all medications you are presently taking (i.e. Birth control, aspirin):

_____

_____

3. Please list all medications you are allergic or had an Adverse reaction to: _____

_____

4. Have you ever had major surgeries? .....Yes No
   Operations and dates_____

   _____

5. Do you have any heart problems such as but not limited to the following (please circle): .....Yes No

Mitral Valve Prolapse	Heart Attack
Stroke	Heart Murmur
Valve replacement	Rheumatic Fever
Other	

6. Have you ever had breathing difficulty such as asthma, emphysema, pneumonia, tuberculosis? .....Yes No
7. Do you have a history of excessive bleeding .....Yes No
8. Do you have high blood pressure .....Yes No
9. Are you currently taking aspirin?.....Yes No
   Do you regularly take aspirin?.....Yes No
10. Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?.....Yes No
11. Are there any limitations to your physical activity ....Yes No
12. Do you use tobacco products? .....Yes No
    What Kind_____ How Much_____
13. Do you have sinus troubles .....Yes No
14. Are you or could you be pregnant? .....Yes No
15. Have you ever tested HIV positive .....Yes No
16. Circle any of the conditions below that you may have or have had in the past:

Anemia	Hepatitis	Diabetes
Jaundice	Glaucoma	Kidney Disease
Arthritis		

17. My Height_____ My Weight _____

I understand that the information I provide on this form is essential to determine my overall health needs. I have read and understand each question; I have answered all of them truthfully and to the best of my knowledge.

Signature _____Date_____
Patient, Parent, or Guardian

DENTAL QUESTIONNAIRE

These are the things that are important to me about my dental health:

1. My mouth is
   A) very comfortable.
   B) moderately comfortable.
   C) uncomfortable.

2. I/I am
   A) think the appearance of my mouth is excellent.
   B) satisfied with the appearance of my mouth.
   C) dissatisfied with the appearance of my mouth.

3. I
   A) will do anything to keep my natural teeth.
   B) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them.
   C) don't care whether I keep my teeth or not.

4. I
   A) have set goals for my oral health with a previous dentist.
   B) want to set goals concerning my dental health.
   C) never set goals concerning my dental health.

5. I have
   A) always done the best that was recommended for my dental health.
   B) have not done what dentists have recommended for my mouth.
   C) rarely go, and don't care much about having my dental work completed.

6. I/have
   A) put dentistry for myself and my family on my priority list.
   B) put dentistry for myself and my family low on my priority list.
   C) it's on my list but hard to find.

7. I think my present state of dental health is:
   A) Excellent
   B) Good
   C) Poor

8. I aspire to a mouth with:
   A) excellent health.
   B) good health.
   C) poor health.

9. What are some questions about dentistry and oral health that you have never had adequately answered for you?

_____

_____