

15160 NW Laidlaw Rd Ste 202  
Portland, Oregon 97229  
in Bethany Village  
Tele: 503-533-2330  
Fax: 503-533-2331  
www.bethanydentistpdx.com



### Patient Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Previous Dentist's Name: \_\_\_\_\_  
Current Physician's Name: \_\_\_\_\_

### Responsible Party Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

How did you find us?

- Bethany Family Values Magazine     Brochure     Internet     Live nearby  
 Referred by friend, family or another person     Referred by insurance company     Other

If you were referred, whom may we thank for referring you? \_\_\_\_\_

### Dental History

Why have you come to the dentist today? \_\_\_\_\_

When was the last time you saw a dentist? \_\_\_\_\_

Do you have any of the following concerns?

- Frequent Headaches     Gum Disease     Jaw Joint (TMJ/TMD) Pain  
 Hot/Cold Sensitivity     Bleeding Gums     Grinding or Clenching  
 Sensitivity to Sweets     Painful Gums     Painful Teeth

Do you need to be premedicated with antibiotics before dental treatment?     Yes     No

Are you interested in a whiter smile?     Yes     No

Would you like to straighten your smile?     Yes     No

Do you have any metal fillings you would like to replace?     Yes     No