



General & Cosmetic Dentistry

Since 1992

Jeffery S. Kahler, D.D.S., Inc.

441 12th Street Paso Robles, CA 93446 (805) 238-2342

jefferyskahlerdds.com

Your answers to the following questions are the first step in determining your immediate and long-term dental care. The more we know about your needs and concerns, the better we can serve you. Thank you!

Personal Information

Name _____ Prefers/Nickname _____

Social Security # _____ Birth Date _____ Home Phone _____

Address _____ City _____ Zip Code _____

Email _____

Employer _____ Occupation _____ Work Phone _____

Address _____ City / Zip Code _____ Cell Phone _____

Names of Children _____ Name of Spouse _____

Hobbies, etc. _____ Spouse's Work Phone _____

Do you grant us permission to email/text upcoming appointments? ___ Yes ___ No

How did you find out about us?

Our practice grows by referrals from our dental family...

Whom may we thank for referring you to us for your dental care? _____

Dental Information

Are you in dental discomfort today?

What would you like us to do for you today?

How long has it been since your last dental treatment?

—what was done at that time?

Are you fearful or concerned about dental treatment?

What would you like us to do to make you more comfortable or relaxed during your dental visits?

Are any of your teeth sensitive to:
Hot? Cold? Sweets? Pressure?

Do you clench or grind your teeth?

Do you have frequent "tension" headaches?

Are you missing any teeth?

Have they been replaced?

Have you ever had TMJ problems?

Do your gums bleed when you floss or brush?

Have you ever been treated by a periodontist (gum specialist)?

Have you ever had orthodontic treatment (Braces)?

Do you have an interest in the following?

Braces Bleaching

Crown/Bridge Veneers

How do you feel about the appearance of your smile?

Is there anything else you would like us to know about your dental health or your previous dental treatment?

(There's a little more we need to know about you. Please complete the reverse side.)