Rehoboth Beach Dental
Curtis J. Leciejewski, DDS, MAGD

19643 Blue Bird Lane - Suite 1
Rehoboth Beach DE 19971
P: 302-226-7960

PATIENT HEALTH RECORD

First, Last Name _____ _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Social Security # _____ Driver Lic # _____ Sex _____ Weight _____ Height _____

Single ○ Married ○ Widowed ○ Separated ○ Divorced ○ Domestic Partner ○

Employer (parent, if minor) _____ Occupation _____

Spouse Name _____ Employer _____ Phone _____

Closest Relative _____ Relationship _____ Phone _____

Email Address _____ (for appointment confirmation)

Whom may we thank for referring you? _____

MEDICAL HEALTH

Physician _____ Address _____ Phone _____

Have you been under the care of a physician in the past 2 years? yes ☐ no ☐

Reason? _____

Have you ever had major surgery? yes ☐ no ☐ Reason? _____

Females: Are you taking hormones or birth control? yes ☐ no ☐ Pregnant or Nursing? yes ☐ no ☐

Have you ever been tested for hepatitis? yes ☐ no ☐ Vaccinated? yes ☐ no ☐ When? _____

Have you ever had canker sores or cold sores on your lip, tongue, gums and body? yes ☐ no ☐

Are you taking any prescription drugs at this time? yes ☐ no ☐ Reason? _____

(Please list medications) _____

Are you allergic to: Penicillin ☐ Codeine ☐ Local Anesthetics ☐

Any other drug allergies? _____

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HAVE YOU HAD OR DO YOU NOW HAVE: Check all that apply.

- ☐ Abnormal Blood Pressure
- ☐ Allergies
- ☐ Anemia
- ☐ Angina
- ☐ Arthritis/ Gout
- ☐ Artificial Heart Valves
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Cancer
- ☐ Chemical Dependency
- ☐ Chemotherapy
- ☐ Cholesterol
- ☐ Congenital Heart Disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fainting
- ☐ HIV+/ AIDS
- ☐ Glaucoma
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Organ Transplant
- ☐ Pacemaker
- ☐ Polio
- ☐ Prolonged Bleeding
- ☐ Prolonged Cough
- ☐ Psychiatric Treatment
- ☐ Radiation Therapy
- ☐ Rheumatic Fever
- ☐ Stroke
- ☐ Thyroid
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Venereal Disease

CURRENT MEDICATIONS:

Any disease or condition not listed:

DENTAL HEALTH

Last Dental Visit? How often do you see your dentist?

Are you having any dental problems that require immediate attention?

Does any of the following cause dental discomfort? Hot ☐ Cold ☐ Sweets ☐ Chewing ☐

How often do you brush your teeth? Floss? Water Jet?

Do your gums bleed when brushing?	yes ☐	no ☐	
Do your gums ever feel tender or swollen?	yes ☐	no ☐	
Have you ever had periodontal (gum) treatments?	yes ☐	no ☐	When?
Do you clench or grind your teeth?	yes ☐	no ☐	
Do your jaws ever feel tired or ache?	yes ☐	no ☐	
Does your jaw click or pop?	yes ☐	no ☐	
Do you chew with both sides of your mouth?	yes ☐	no ☐	Comfortably? yes ☐ no ☐
Do you have frequent headaches?	yes ☐	no ☐	Earaches? yes ☐ no ☐
Have you had Orthodontic (braces) treatment?	yes ☐	no ☐	When?
Do you lose or break fillings?	yes ◯	no ◯	
Do you usually have cavities?	yes ◯	no ◯	
Do you have loose teeth?	yes ◯	no ◯	
Cracked or broken teeth?	yes ◯	no ◯	
Do you have noticable wear on your teeth?	yes ◯	no ◯	
Food Traps?	yes ◯	no ◯	
Do you have any missing teeth?	yes ◯	no ◯	

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DENTAL HEALTH (continued)

Have they been replaced? yes ◯ no ◯ n/a ◯

How? Fixed bridge ◯ Implants ◯ Removable partial ◯ Full denture ◯

Are you comfortable with the replacement? yes ◯ no ◯ n/a ◯

Please describe:

How do you feel about the appearance of your smile?

Have you had cosmetic dentistry done to improve your appearance? yes ☐ no ☐

If so, are you pleased with the results? yes ☐ no ☐

Any comments?

Have you ever had an unpleasant dental experience? yes ☐ no ☐

Do you smoke? yes ☐ no ☐

Use any tobacco products?

Any additional comments you would like to make?

I have read and answered the above questions to the best of my knowledge. I understand that I am financially responsible for all cost involved in my treatment. I also authorize the attending doctor and his staff to rende

I understand Rehoboth Beach Dental is HIPAA compliant and I have been offered a copy of the standard HIPAA notices.

PATIENT/ PARENT SIGNATURE DATE