

Core Dental Health

Jesse Ellsworth, DMD

126 East Division Road • Oak Ridge, Tennessee 37830

(865) 481-0008

www.coredentalhealth.com • contact@coredentalhealth.com

Patient Name _____ Birth Date _____

Social Security _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Dental Insurance? _____ Primary _____ ID# _____

Secondary _____ ID# _____

Are you under a physician's care? Yes No

If so please explain _____

Have you been hospitalized or had a major operation? Yes No

If so please explain _____

Have you ever had a serious head or neck injury? Yes No

If so please explain _____

Are you taking any medications?

Please list _____

Do you have any allergies to any medications? Yes No

If so, please list _____

Do you use tobacco products? Yes No

Do you use controlled substances? Yes No

Are you pregnant? Yes No

Are you taking contraceptives? Yes No

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Medical Conditions:

- | | | |
|---------------------|---|----------------------|
| ___ Down Syndrome | ___ ADD/ADHD | |
| ___ Heart Condition | ___ Cerebral Palsy | ___ Tuberculosis |
| ___ Rheumatic Fever | ___ Autism | ___ Hepatitis |
| ___ Liver Disorder | ___ Emotional Disorder | ___ Asthma |
| ___ Kidney Disorder | ___ Mental Disorder | ___ Diabetes |
| ___ Lung Problems | ___ Nervous Disorder | ___ Stomach Problems |
| ___ Brain Damage | ___ Bleeding Disorder | ___ Cancer/Tumors |
| ___ Epilepsy | ___ Speech Disorder | ___ Hearing Disorder |
| ___ Vision Disorder | ___ Acquired Immune Deficiency Syndrome | |

Do you have any artificial joints? Yes No

Date of last Dental Visit _____

Name of last Dentist seen _____

Reason for Visit _____

Do you have any specific concerns? _____

Signature _____ Date _____