

Dental Clinic Patient Intake Questionnaire Examples

Using a **Dental clinic patient intake questionnaire** helps streamline the appointment process by gathering essential health information beforehand. These examples ensure accurate records and improve patient care. Customized forms can address specific dental concerns and medical histories efficiently.

Sample Patient Intake Questionnaire

Personal Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Medical History

Do you have or have you ever had any of the following (check all that apply):

- Diabetes
- Heart Disease
- Allergies
- Asthma
- None

Are you currently taking any medications?

Dental History

Date of Last Dental Visit:

Have you ever experienced any of the following? (Check all that apply):

- Bleeding Gums
- Tooth Pain
- Jaw Pain
- Sensitivity
- None

Emergency Contact

Contact Name:

Contact Phone:

Submit