

Dental Clinical Assessment Form (New Patient Sample)

The **Dental clinical assessment form** sample for new patients is designed to efficiently collect comprehensive oral health information. It helps dental professionals evaluate patient history, current conditions, and treatment needs. This form ensures personalized care and accurate diagnosis for every new patient visit.

1. Patient Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Address:

2. Medical & Dental History

Primary Physician:

Current Medications:

Allergies (including drugs, latex, etc.):

Medical Conditions (heart, diabetes, etc.):

Have you had any of the following?

Condition	Yes	No
Heart Disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Bleeding Disorders	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="text"/>	

3. Dental History

Date of Last Dental Visit:

Reason for Today's Visit:

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

Tooth Pain

Bleeding Gums

Bad Breath

Mouth Sores

Sensitive Teeth

Other (specify below):

4. Oral Health Assessment (For Office Use)

Initial Examination:

Dentist notes on oral hygiene, caries, prosthetics, mucosa, etc.

Treatment Plan:

Proposed treatments and patient education notes

Dentist's Signature:

Date:

Submit