

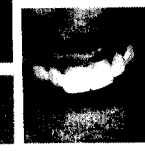
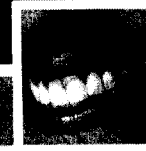
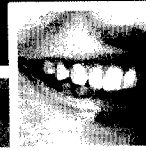
# Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



[www.twinmountaindentistry.com](http://www.twinmountaindentistry.com)

Patient Name:

Last

First

MI

Preferred Name

Are you in good health?

\* ☐ Yes ☐ No

Has there been any change in your general health in the past year?

\* ☐ Yes ☐ No

Date of last exam with primary physician?

\*

Are you now under the care of a physician for a particular problem?

\* ☐ Yes ☐ No

Have you ever had any serious illnesses, operations, hospitalizations?

\* ☐ Yes ☐ No

If so, please describe:

\*

The name and address of my physician is:

\*

# Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



[www.twinmountaindentistry.com](http://www.twinmountaindentistry.com)

Have you ever been told to take a Premedication before dental procedures?

\* ☐ Yes ☐ No

Are you allergic to Latex?

\* ☐ Yes ☐ No

Please list any and all medications that you are currently taking, including prescription medications, diet drugs, over-the-counter medications, vitamins or minerals, herbal or holistic remedies, or illegal narcotics.

\*

Are you taking or have you ever taken Bisphosphonates for osteoporosis, multiple myeloma or other cancers (Fosamax, Actonel, Boniva, Aredia, Zometa)?

\*

Have you ever been advised not to take a medication?

\* ☐ Yes ☐ No

Have you or any of your members of your family been diagnosed with any or all of the following:

\* ☐ No ☐ Diabetes ☐ Heart Disease

☐ Periodontal Disease

If so whom:

☐ Self ☐ Mother ☐ Father  
☐ Maternal Grandmother ☐ Paternal Grandmother ☐ Maternal Grandfather  
☐ Paternal Grandfather

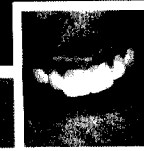
# Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



[www.twinmountaindentistry.com](http://www.twinmountaindentistry.com)

## PLEASE CHECK ALL THAT APPLY

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> *Pre-Med - Amox      | <input type="checkbox"/> *Pre-Med - Clind     | <input type="checkbox"/> *Pre-Med - Other  | <input type="checkbox"/> Acid Reflux          |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Allergy - Aspirin    | <input type="checkbox"/> Allergy - Codeine | <input type="checkbox"/> Allergy - Erythro    |
| <input type="checkbox"/> Allergy - Hay Fever  | <input type="checkbox"/> Allergy - Latex      | <input type="checkbox"/> Allergy - Other   | <input type="checkbox"/> Allergy - Penicillin |
| <input type="checkbox"/> Allergy - Sulfa      | <input type="checkbox"/> Anemia               | <input type="checkbox"/> Anticoagulants    | <input type="checkbox"/> Arthritis            |
| <input type="checkbox"/> Artificial Joints    | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Blood Disease     | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> COPD                 | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Dizziness         | <input type="checkbox"/> Epilepsy             |
| <input type="checkbox"/> Excessive Bleeding   | <input type="checkbox"/> Fainting             | <input type="checkbox"/> Glaucoma          | <input type="checkbox"/> Head Injuries        |
| <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Heart Murmur         | <input type="checkbox"/> Heart Valve       | <input type="checkbox"/> Hepatitis            |
| <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> HIV                  | <input type="checkbox"/> Jaundice          | <input type="checkbox"/> Kidney Disease       |
| <input type="checkbox"/> Liver Disease        | <input type="checkbox"/> Mental Disorders     | <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Osteoporosis         |
| <input type="checkbox"/> Other                | <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> Pregnancy         | <input type="checkbox"/> Radiation Treatment  |
| <input type="checkbox"/> Recurring Mouth Sore | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Rheumatic Fever   | <input type="checkbox"/> Rheumatism           |
| <input type="checkbox"/> Sinus Problems       | <input type="checkbox"/> Stomach Problems     | <input type="checkbox"/> Stroke            | <input type="checkbox"/> Thyroid Disease      |
| <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Tumors               | <input type="checkbox"/> Ulcers            | <input type="checkbox"/> Venereal Disease     |

## Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



[www.twinmountaindentistry.com](http://www.twinmountaindentistry.com)

If yes to any of the above, please explain.

On a scale of 1-10, 10 being the best, how would rate your oral health?

\*

Do you smoke or chew Tobacco?

\* ☐ Yes ☐ No

How much per day?

\*

Is there any past history of Alcohol or Chemical Dependency or Emotional Disorder that may affect the care we provide you?

\* ☐ Yes ☐ No

Have you had any serious problems associated with any previous dental treatment?

\* ☐ Yes ☐ No

If Yes Please List:

Have you ever experienced any clicking or popping of the jaw joint, pain near ear, difficulty opening mouth, grind or clench teeth?

\* ☐ Yes ☐ No

# Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



[www.twinmountaindentistry.com](http://www.twinmountaindentistry.com)

## FOR WOMEN ONLY

Are you Pregnant or IS THERE ANY CHANCE that you might be Pregnant or do you desire to become pregnant?

\* ☐ Yes ☐ No

Are you nursing?

\* ☐ Yes ☐ No

**If you are using Oral Contraceptives, it is important that you understand that antibiotics (and some other medications) may interfere with the effectiveness of oral contraceptives. Therefore, you will need to use mechanical forms of birth control for one complete cycle of birth control pills, after the course of antibiotics or other medication is completed. Please consult with your physician for further guidance.**

Chief Dental Complaint:

\*

Comments on patient interview concerning medical history:

Dental Management Considerations:

Response Date: