



MENGYU TSAI D.D.S.  
37 W Golf Road  
Arlington Heights, IL 60005  
[AHdentalcare@gmail.com](mailto:AHdentalcare@gmail.com)

Patient Name \_\_\_\_\_ What you prefer to be called? \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years old, who is the responsible party? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred By \_\_\_\_\_ Marital Status:  Married  Single  Other

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

How would you like us to contact you (check all that apply)?  Cell Phone  Home Phone  Email

Who can we contact in case of emergency? \_\_\_\_\_ phone #: \_\_\_\_\_

<b>Employment:</b> _____	<b>Position</b> _____
<b>Dental Insurance Company</b> _____	<b>Member ID</b> _____
<b>Social Security Number</b> _____	
Are you the Policy Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If not, who?</b> _____	<b>Policy Holder DOB</b> ____/____/____
	<b>Policy Holder SSN</b> _____
If you have secondary dental insurance policy, please list in the space below:	

Do you have any artificial joints or heart valves?  Yes  No

Were you born with congenital heart defect?  Yes  No

Have you ever needed to be pre-medicated for any dental procedures?  Yes  No

Date of last dental visit \_\_\_\_\_ How often do you brush? \_\_\_\_\_ Floss? \_\_\_\_\_

- Are you experiencing discomfort presently?  Yes  No
- Have you ever had gum treatments?  Yes  No
- Do your gums bleed?  Yes  No
- Do you experience jaw pain?  Yes  No
- Do you wear a night guard?  Yes  No
- Do you experience dry mouth?  Yes  No

<b>Reason for today's visit?</b>

  X    
Signature of Patient, Parent, or Guardian

\_\_\_\_\_  
Date

