



Please tell us about yourself:

Neil H. Blavin, D.D.S.

University of Michigan

*Michigan Academy of
General Dentistry*

*American
Equilibration Society*

*American
Dental Association*

*Michigan
Dental Association*

*Fellow of the Academy
of General Dentistry*

*Fellow of the
American Association of
Hospital Dentists*

*Dr. Neil Blavin has
dedicated his professional
career to providing you
with the best that dentistry
has to offer. Dr. Blavin
is continually upgrading
himself and his practice
on the newest dental
techniques and approaches
in order to offer
state-of-the-art, comfortable,
and personalized care to
you and your family.*

Name: _____

Home Phone: _____

Address: _____

City, Zip: _____

Birthdate: _____

Cell Phone: _____

Emergency #: _____

E-Mail Address: _____

Hobbies, Interests: _____

How did you hear about our office: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

MEDICAL INFORMATION: (Please ask for long form if you have many medical problems)

Are you currently under active medical care?

Name of Physician? _____ Phone: _____

Circle if you have a history of: Heart Disease/ Liver or kidney problems/
High Blood Pressure/ Psychiatric Care/ Substance Abuse/ AIDS/HIV+
Mitral Valve Prolapse/ Artificial Joints/ COPD/ Cancer/ Diabetes

Please list any other medical conditions: _____

Please list all medications: _____

Please list any allergies: _____

A FEW QUICK DENTAL QUESTIONS:

What can we do for you today?

Date of last dental visit? _____

What was done? _____

What can we do for you today? _____

Some expectations we have of you:

1) We expect that you will keep your appointments and be on time, and we will strive to be on time for you.

2) It is very important to complete your treatment and not stop half way through. That can be worse than doing nothing at all.

3) We will provide you with an estimate of the cost of treatment. It is your bond of trust to pay for any services received. If you have insurance, your insurance company may send less than we expect or nothing at all, in which case you are responsible for the balance. Accounts over 90 days old will be sent to collections and a 30% fee, plus any attorney costs, will be added to cover collections.

I consent to the use of my health information in order to carry out treatment and for billing purposes. I have been given the opportunity to read the Notice of Privacy Practices.

This information is accurate and true to the best of my knowledge:

Signature: _____

Date: / , 2010

19235 Newburgh
Livonia, MI 48152
734-953-0030
Fax: 734-953-8996

I feel that your dental health is of tremendous importance – to your overall health, your self-esteem and your enjoyment of life. These questions will help me to find out how I can be of best service to you.

Please circle all that apply:

1. My mouth is a) Very comfortable
b) Somewhat comfortable
c) Uncomfortable

2. I think my present state of dental health is: a) excellent
b) good
c) poor

3. I a) like the appearance of my teeth and smile
b) dislike the appearance of my teeth and smile

4. I would like to set the following GOALS for my dental health:
 - a. I want to keep my teeth forever, whatever it takes
 - b. I want to keep my teeth if it's not too much trouble
 - c. I don't care, perhaps losing them would be better

 - d. I want to have a whiter, nicer smile

 - e. I want healthy, non-bleeding gums
 - f. I want to prevent or treat gum disease

 - g. I want to do whatever I can to prevent new cavities
 - h. I want to fix any cavities that I have
 - i. I want strong teeth that won't break

 - j. I want to fill in any missing teeth
 - k. I want my teeth to bite properly and evenly together

5. Dental treatment a) doesn't bother me
b) makes me a little nervous
c) I'd rather be anywhere else!!!