Dr. Bez
Central Ohio TMJD and
Dental Sleep Therapy Center
Michael Bezbatchenko, DDS
Diplomate, American Board of Dental Sleep Medicine

REGISTRATION & HEALTH HISTORY

147 W. Schrock Rd
Westerville, OH 43081
Office: (614) 890-1571

YOUR NAME BIRTHDATE AGE SSN

ADDRESS CITY STATE ZIP

CELL PHONE HOME PHONE EMAIL ADDRESS

❒ SINGLE ❒ MARRIED ❒ DIVORCED ❒ SEPARATED

EMPLOYED BY PRESENT POSITION PHONE

RESPONSIBLE PARTY INFORMATION

NAME BIRTHDATE AGE SSN

RELATION CELL PHONE EMAIL ADDRESS

EMPLOYED BY CITY STATE ZIP

WHO WILL PAY FOR THIS ACCOUNT?

NAME OF YOUR DENTAL INSURANCE COMPANY

NAME OF YOUR MEDICAL INSURANCE COMPANY

REFERRED BY: PCP: DENTIST:

MEDICATIONS:

Do you have or have you had any of the following:

- ❒ Any heart problems
- ❒ High blood pressure
- ❒ Low blood pressure
- ❒ Circulatory problems
- ❒ Nervous problems
- ❒ Radiation treatments
- ❒ Excessive bleeding
- ❒ Allergies to anesthetics
- ❒ Allergies to medicines/drugs
- ❒ Allergies to_____
- ❒ Anemia
- ❒ Arthritis
- ❒ Asthma
- ❒ Diabetes
- ❒ Hepatitis
- ❒ Malignancies
- ❒ Measles
- ❒ Mumps
- ❒ Psychiatric care
- ❒ Rheumatic Fever
- ❒ Scarlet fever
- ❒ Sinus problems
- ❒ Stroke
- ❒ Typhoid Fever
- ❒ Tonsillitis
- ❒ Tuberculosis
- ❒ Ulcer

Are you pregnant? ❒ Yes ❒ No Blood Pressure: S_____ / D_____ / _____ Any immunity problems_____

Do you snore? ❒ Yes ❒ No Do you feel you have any sleep problems? ❒ Yes ❒ No Bed partner aware of sleep issues? ❒ Yes ❒ No

NASAL HISTORY

Do you experience frequent (more than 5 nights/mo. nasal obstruction? _____ Is it worse at night? _____ Is one side worse? _____

Previous nasal trauma? _____ If yes, did your nasal obstruction worsen after the trauma? _____

Have you used oral medications (e.g. antihistamines)? _____ Nasal mist medications? _____ Have you had nasal surgery? _____

Please describe any current medical treatment, impending operations, or any other medical or dental information that may possibly affect your dental treatment on the back of this form.

I authorize the doctor or designated staff to take x-rays, study model impressions, photographs and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my condition. The originals are property of the practice. They may be used for diagnosis, educational or technical purposes.

SIGNATURE DATE