

Ryan Osinski DDS, FICOI  
569 N Broadway  
Saratoga Springs, NY 12866  
(518) 584-9172  
MySaratogaDentist@gmail.com  
[www.mysaratogadentist.com](http://www.mysaratogadentist.com)

## **Personal Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Parent/Guardian if Child is under 18 years old \_\_\_\_\_  
Address: \_\_\_\_\_ Male / Female  
\_\_\_\_\_ S.S. # \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred method of contact? Call / Text / E-mail  
Whom may we thank for referring you to our office? \_\_\_\_\_  
Dental Insurance provider \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_  
Policy holder \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_  
Pharmacy: \_\_\_\_\_

## **Dental History**

In the past my general preferences regarding my dental care have been:

Emergency treatment only                      or                      Preventative treatment

Are you currently missing any teeth? \_\_\_\_\_

Is there anything that you would change about your smile if you could? \_\_\_\_\_  
\_\_\_\_\_

Are you anxious or nervous about dental treatment? \_\_\_\_\_

Have you ever had a bad experience in a dental office? \_\_\_\_\_  
\_\_\_\_\_

Do you experience any jaw related problems? Circle all that apply:

Clicking/popping                      Difficulty opening, closing, or chewing                      Pain in/around your ears  
Clenching/grinding                      Trauma to mouth/jaw                      TMJ/TMD

Please indicate if you are currently experiencing any of the following in your mouth:

Swelling      Growths      Bad taste      Loose teeth      Gum problems      Aching/Throbbing

Sensitivity to:      Hot / Cold / Biting / Sweets

Other \_\_\_\_\_