Personal Information

Name	First	Last	Date of Birth	Year Month Date	
Home/Hotel Address					
Phone Number		Email Address	@	Occupation	

Dental Questionnaire

What brings you to our clinic today?	Which area is sensitive and/or in pain?
□ I would like a check-up. 検診をして欲しい。 □ I would like a check-up and a cleaning (plaque/tartar removal). 検診とクリーニング希望。 □ I have a toothache. 歯が痛い。 □ No pain, but I may have a cavity. 痛みはないが虫歯がある。 □ A filling has fallen out. 詰め物が取れた。 □ A crown has come loose / fallen off. 被せ物が取れた。 □ I would like my wisdom teeth checked. / I would like a consultation on my wisdom teeth. 親知らずをチェックしてほしい。親知らずについて相談したい。 □ I would like a consultation for (Circle one of the following: Implants / Teeth Whitening / Ceramic Treatment / Orthodontics) カウンセリングを受けたい。（インプラント、矯正、ホワイトニング、セラミック治療） □ Other (please specify) ; その他 ( )	□ Upper right 右上 □ Upper front teeth 上前歯 □ Upper left 左上 □ Lower right 右下 □ Lower front teeth 下前歯 □ Lower left 左下 □ Other その他
Do you have dentures or any removable equipment/teeth in your mouth?	□Yes □No
Do you want treatment to start immediately?	□Yes I do. □ Maybe. Consultation first.

Health/Dental Insurance. Please check one of the following boxes: (Make boxes next to the options)

□ Yes, I have Japanese Health Insurance.
□ Yes, I have overseas health insurance with dental coverage.
□ No, I don't have health insurance with dental coverage.

If you have overseas traveler's insurance or do not have an insurance card, you will be asked to pay the full amount in cash at the counter on the day of your visit. At the doctor's discretion, x-rays and photographs of the oral cavity may be taken.
□ I agree.

Are you currently taking any medication?

□ Yes. If yes, what medication are you taking? ( )
□ No.

Do you have any allergies to any medication?

□ Yes. If yes, what medication are you allergic to? ( )
□ No.

How did you hear about us? Please check all that apply.

□ Website
What was the keyword you used to search? (.)
What interested you in our website?
▫The interior and exterior design ▫Our Dentist's background ▫Our philosophy ▫Our wisdom teeth/Teeth treatment ▫Description of practice
▫Microscope ▫Services such as childcare ▫Invisalign ▫Pediatric orthodontics ▫Other

□ Social media (▫Instagram ▫LINE ▫Facebook ▫Twitter)
□ Magazine, Newspaper, Local Newspaper. Name of media ( )
□ Referral (▫Family ▫Acquaintance)
Please provide the full name of the person who referred you.
□ Other ( )

Are there any other questions or concerns that you may have?

SMILE PLAN
Everything for the patient