



## Welcome to Treasure Coast Community Health's Dental Department!

It is a pleasure to welcome you to our dental practice and we want you to know that we appreciate the opportunity to take care of your dental needs. We strive to help all of our patients achieve a healthy dental condition. Your care starts with a thorough exam and x-rays that our dentist deems appropriate to help diagnose your dental health and develop a treatment plan for you.

TCCH comprehensive dental program offers patients the following services: dental education, dental hygiene care, limited periodontal care (scaling and root planing), preventative care (i.e., sealants), restoration (fillings), removable partials and dentures, and extractions (surgical and non-surgical) on both adults and children.

Please be advised that after any of the following exams – new patient, periodic, emergency or consultation – that some or all of your recommended dental treatment may not be able to be performed at TCCH should it be considered “out of the scope of our practice”. This includes, but is not limited to, the patient’s desire for procedures or treatments such as: dental implants, root canals, crowns and or fixed bridgework, veneers, orthodontics or treatment requiring IV sedation.

Patients of TCCH's Dental Department are required to agree to these Standards of Care:

1. TCCH dental providers will make treatment recommendations based on the best clinical judgment, as to the standard of care parameters which may include: type of dental hygiene procedures required; extraction(s) of teeth; type of dental materials used for fillings, and or removable partials or dentures and use of certain types of fluorides. This may include a referral to see a dental specialist(s) outside of the TCCH.
2. TCCH dental providers determine the sequence of dental treatments and next appointment(s). Patient desires will be considered where possible. However, you and your dental provider will agree upon a Treatment Plan based on priorities of your dental needs and possible consequences of delaying treatment.
3. A Treatment Plan Coordinator will meet with you to review your treatment plan, answer your questions and to schedule your appointments according to your individual needs.
4. A patient who has not had an exam for 2 years at TCCH's dental center will require a new comprehensive exam before any hygiene or non-emergency treatments.
5. Patients who are “walk-ins” will be seen in the order as the dental center deems is the most appropriate and not who necessarily arrive first. Emergency patients will be evaluated; x-ray films will be taken as deemed appropriate by the dental provider. No dental procedures can be guaranteed that day.
6. A patient who was seen at a TCCH dental office as an emergency only patient (or has a history of emergency exam visits) will not be considered as a patient for continuity of care.
7. Your dental and medical health is our first priority at TCCH. Many times a medical condition can affect your dental treatments. Therefore, TCCH requires your recent medical records from your primary care physician. If you do not have a primary care physician we would be happy to establish medical care with one of our TCCH Medical Physicians.
8. If a medical clearance is required for treatment at TCCH, it is your responsibility to obtain the medical clearance from your Physician and return to TCCH. TCCH will be unable to see you for your appointment without this paperwork.
9. If you are seeking a dental clearance that is required promptly for a medical procedure, TCCH is unable to guarantee it. You will need to seek dental clearance elsewhere if needed quickly.
10. Dental No Show/Cancellation Policy: Patients who need to cancel their appointment must do so at least 24 hours prior to their appointment or it will be considered a No Show. Patients (Head of household or guarantor) that have more than 2 No Shows within the past 12 months will not get another appointment for 1 year.

Sincerely,

Kim Platt  
Dental Manager

**TREASURE COAST COMMUNITY HEALTH, INC.**  
**(772) 257-TCCH (8224)**

**FELLSMERE**  
12196 County Road 512  
Fellsmere, FL 32948

**SOUTH VERO**  
1545 9<sup>TH</sup> St SW (Oslo Road)  
Vero Beach, FL 32962

**VERO**  
1955 21<sup>ST</sup> Avenue  
Vero Beach, FL 32960



**Medical History:**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CHECK ALL ITEMS THAT APPLY TO YOUR HISTORY

ADHD/ADD
Syncope (Fainting)
Anxiety Disorder
Alzheimer's/Parkinson's
Arthritis
Artificial Joint Replacements
Asthma
Bleeding-Excessive
Blood Disease
Bone Disease
Brain Stimulation Device (DBS)
Cancer
Central Nervous System Disorder
Chronic Pain Management
Obstructive Lung Disease (COPD)
Lung Problems - Other
Developmentally Challenged
Kidney Dialysis
Organ Transplant-Lung, Kidney, Liver, Pancrease, Bone Marrow (Circle)
Diabetes Type 1 (Insulin)
Diabetes Type 2 (Oral Medication)
Eating Disorder
Emphysema
Thyroid, Parathyroid, Adrenal, Pituitary Problems
Eye Disorder
Injury to: Face, TMJ, or Jaw
Stomach/Intestine Disorder
Gout
Hearing Impaired
Heart Pain-Angina
Heart Attack (M.I.): Dates:
Heart Stent(S): Dates:
Heart Disease
Heart Infection (Endocarditis)
Pacemaker or Defibrillator
Heart Surgery: Dates:
Artificial Heart Valve (Circle): Tissue or Mechanical

Heaptitis A, B, or C: DATE:
High Blood Pressure
Low Blood Pressure
HIV/AIDS: DATE:
Immune System Disorder: DATE:
Kidney, Liver, or Pancreatic Disease
Lupus
Mental Disorder
Multiple Myeloma
Osteoporosis
Cebrebal Palsy
Autism
Post Traumatic Stress Disorder
Radiation to Head, Jaws, or Neck
Severe Nightmares
Sleep Apnea (Snoring)
Seizure Disorder
Sexually Transmitted Disease
Substance Abuse: Alcohol, Drugs, Other
Surgery - Other
Stroke
Sinus Problems
Speech Problems
TMJ Problems
Thrombo Embolism
Tobacco Use
Tumors
Ulcers
Vascular Surgery

**FEMALES:**

Pregnant Now
Nursing Now
Trying to get Pregnant
Taking Fertility Drugs
Practicing Birth Control

**NOW TAKING MEDICATION FOR ANY OF THE FOLLOWING CONDITIONS (CHECK & CIRCLE):**

ADHD/ADD
Allergies
Adrenal, Thyroid, Parathyroid, or Pituitary Gland Problem
Birth Control
Pain-Codeine, Percocet, Tramadol, Morphine, Demerol, or Pain Patch
Osteoporosis
Pain - Ibuprophen, Motrin, Celebrex
Cancer - Radiation Treatment
Cancer - Medication
Cancer Involvement of Bones
Blood Thinners - Coumadin, Pradaxa, Heparin
Blood Pressure Regulation
Anti Platelet/Clotting - Plavix, Aspirin
Aspirin 325mg
Aspirin 81mg
Alzheimer's or Parkinson's
Anti-Seizure
Anxiety
Bone Problems
Breathing Problems - Oxygen Therapy
Breathing Problems - Inhalers
Heart Problems

Depression
Sedatives or Sleep Aids
Fertility
Cholesterol Management
Anti Inflammatory - Prednisone, Cortisone
Chronic Pain Management
Diabetes Type 1
Diabetes Type 2
Ulcers, Stomach or Intenstinal Problems
Hepatitis
HIV/AIDS
Hormone - Estrogen
Non Prescription Street Drugs
Immune Suppressive Drugs
Kidney, Urinary, Prostate Problems
Multiple Sclerosis
Multiple Myeloma
Plasma Products or Blood Factors
Heart Rhythm Problems
<b>EVER TAKE ANY OF THE FOLLOWING?(CIRCLE &amp; CHECK)</b>
Actonel, Aredia, Boniva, Fosomax, Zometa (Notrogen Conaining Bisphosponates)
Atelvia, Didronel, Reclast, Skelid (Non-Nitrogen Containing Bisphosphonates)

**HAVE YOU EVER HAD ALLERGIES TO:**

Any Foods:
Local Anesthetics (such as Novacain, Ldiocaine, Mepivacaine, etc.) Other:
Erythromycin
Tetracycline:
Zithromax (Azithromycin)
Cipro
Clindamycin
Metals:
Latex (Rubber)
Keflex (Cephalosporin Family)
Ibuprofen - (Motrin, Advil or Generic Ibuprofen)
Name of any other antibiotic allergy:
Barbituates, Sedatives or Sleeping Pills
Iodine

Barbituates, Sedatives, or Sleeping Pills
Penicillin, Amoxicillin, Ampicillin, Augmentin (Penicillin Family)
Narcotics: <input type="checkbox"/> Hydocodone
Oxycodone <input type="checkbox"/> Demerol <input type="checkbox"/> Other
Acetaminophen (Tylenol)
Aspirin
Aleve
Codeine
Tramadol
Sulfa Drugs
Other Drugs
Hay Fever/Seasonal
Other

All of the answers above are true and correct. If I have any changes in my Health or my Medications, I will notify the Doctor at my next appointment without fail.

Patient/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_



**Treasure Coast Community Health, Inc.**  
**Telephone (772) 257-8224**  
**Dental History**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Who is your primary doctor? \_\_\_\_\_

Are you being treated by a Physician for any reason at present? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you experiencing pain from your mouth at this time? \_\_\_\_\_

Ever had swollen or bleeding gums? \_\_\_\_\_

Ever noticed any loose teeth? \_\_\_\_\_

Ever had injury to your face, jaws, or teeth? \_\_\_\_\_

Have you ever had gum (periodontal) treatments? \_\_\_\_\_

Have you ever had braces to straighten teeth? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Have your teeth been replaced by a: ( ) fixed bridge; ( ) removable partial; ( ) denture

Does your jaw click when you chew or open your mouth? \_\_\_\_\_

Do you have pain in the ( ) jaws, ( ) ears, ( ) temples, ( ) neck. Is this pain present on awakening? \_\_\_\_\_

Ever have prolonged bleeding following a tooth extraction? \_\_\_\_\_

Reasons for past extractions: ( ) decay, ( ) loose teeth, ( ) accident \_\_\_\_\_

Ever had: ( ) canker sores, ( ) cold sores, ( ) mouth ulcers? If yes, then how often? \_\_\_\_\_

When was you last full mouth X-Ray series taken? Date: \_\_\_\_\_

Tell us about your previous dental experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_