Personal Background

Patient Name: _____ Date: ___/___/___

Dietary Habits:

Number of meals per day:_____ Quality of meals:_____ Quantity of meals:_____

Liters of water per day: _____

Hours of sleep per day: _____

Habitation type:

Floors:___ Type of lighting:___ Drainage:___

Gas : _____

Others : _____

Hygiene:

Excellent:___ Regular:___ Bad___

Immunizations: Complete: Yes__ No__

Physical Activities:

_____

_____

Occupation:

_____

Sexual Preference:_____

Addictions:

Alcohol: Yes___ No___ Frequency_____

Tobacco: Yes___ No___ Frequency_____

Drugs: Yes___ No___ Frequency_____

Texas Dental Clinic
C.D. Dominga Cortez Garcia
Dental Surgeon / Osseoinegrated Implatalogy
Ced. Prof: 19911138 / Ced. Esp. 11557201
19 Avenida Benito Juarez Nuevo Zona Centro,
Rio Bravo Progreso Tamp. Mex. C.P. 88810
Tel :956-4671535 / 956-467-4644 / 899-937-0832
Email: texasdentalclininc 2012@gmail.com