

In-Home Dental Care Pre-Visit & Intake Form

This form is designed to ensure safe, efficient, and well-prepared in-home dental care. Please complete this form prior to your scheduled visit. All information is confidential.

1. Patient & Location Information

Full Name:

Date of Birth:

Phone Number:

Address:

Nearest Cross Street:

Is your home easily accessible (stairs, elevator, parking)?

Will anyone else be present during the visit? If so, who?

Are there pets in the home? If yes, can they be secured during the visit?

Is there a clean, well-lit area with power outlets for equipment setup?

Do you have running water and good lighting in that area?

2. Medical & Dental History

Primary Care Physician / Specialist:

Current Medical Conditions:

Current Medications:

Allergies (including latex, antibiotics, anesthetics):

Heart conditions, implants, or artificial joints:

Do you require antibiotic premedication?

Are you diabetic? How is it managed?

Mobility limitations or conditions affecting reclining:

Recent hospitalizations or surgeries:

Any current pain, swelling, or infection?

3. Dental Care Needs & Expectations

Type of dental care requested (e.g., cleaning, fillings, exam):

Date of last dental visit and treatment done:

Do you wear dentures, partials, or appliances?

Any current pain, bleeding, or sensitivity?

Specific concerns to address during visit:

History of difficulty getting numb or adverse reactions:

Do you have recent x-rays or records available?

4. Environmental & Safety Screening

Anyone else living in the home?

Adequate space for setup?

Power source available?

Smoke-free environment?

Any recent or active illness in the home (COVID, flu, etc.)?

Special precautions or preferences before entering?

Caregiver or emergency contact name & number:

5. Administrative & Consent

Has informed consent and HIPAA form been reviewed and signed?

Understanding of mobile dental service limitations?