SMILE ON 65+
Registration and Baseline Condition
Please fill out the following information

Name: _____ **Phone #:** _____

Address: _____

Date of Birth: _____ **Last four of SSN #:** _____

What is your gender? ☐ Female ☐ Male ☐ Transgender ☐ Other

Which of the following best describes you?

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Multi-Racial

☐ American Indian / Alaska Native ☐ Pacific Islander ☐ Asian ☐Prefer Not to Answer

What other programs are you on?

☐ Medicare ☐TennCare / Medicaid ☐ Medicare Advantage / Supplement Plan

☐ Section 8 / Low Income Housing ☐ SNAP/Food Stamps ☐ SSI / SSDI

What is your annual household income range? ☐ $0 - 31,920 ☐ $31,921 - 43,280
Amount _____ ☐ $43,281 - 54,640 ☐ $54,641 - 66,000 ☐ $66,001 +

Number of people in household? _____ **Are you a Veteran?** ☐ Yes or ☐ No

When was your last dental visit?

☐less than 12 months ago ☐1-2 year ago ☐3-5 years ago ☐More than 5 years ago

How did you hear about the SMILE ON 65+ Program? _____

Do you have dental insurance? ☐ Yes or ☐ N

Type / Plan _____

Do you need help using your benefits? ☐ Yes ☐ No ☐ N/A

Are you currently experiencing pain, swelling, or infection? ☐ Yes or ☐ No

Are you limited in what you can eat? ☐ Yes or ☐ No

How would you describe the condition of your mouth?

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

Have you ever felt that the appearance of your mouth and teeth affected your quality of life? ☐ Yes or ☐ No

What keeps you from seeing a dentist regularly?

☐ Transportation (cost or availability) ☐ Dental Cost (no insurance or minimal insurance)

☐ Rural location/no available providers ☐ Personal Isolation

☐ Fear ☐ Physical mobility and health

How will you get to your first appointment?

☐ Drive Myself ☐ Depend on a friend or family member

☐ Public Transportation ☐ Not sure ☐ Other _____

Your health and wellness are very important to us at SMILE ON 65+.

1. A lot of people are having trouble paying for things like food, housing, utilities, transportation, or childcare. Is that a concern for you? ☐ Yes or ☐ No

If NO, then proceed to Question #2. If YES, proceed to Question #3.

2. These days lots of people are feeling lonely. Do you have friends or family nearby that you could call on for help or if you're feeling lonely? ☐ Yes or ☐ No

If YES, then no further questions are needed. If NO, proceed to Question #3.

3. Our Community Dental Health Coordinators can connect you to available services such as food, transportation, or utilities. Would you like to talk to them? ☐ Yes or ☐ No

If NO, then no further questions are needed. If YES, refer patient to CDHC.

How would you like the SMILE ON 65+ Team to contact you?

☐ Phone _____ ☐ Text _____

☐ E-mail _____

☐ Mail _____ ☐ Other _____