PATIENT INFORMATION

Full Name _____Birth Date _____ SS# _____
If under 18 years of age: Guardian? _____Spouse_____
Home Phone _____Cell Phone_____ Work Phone _____
Home Address _____ City/State/Zip _____
E-mail Address_____
Employer _____ Occupation _____
Insurance Company _____Group #_____Phone Number_____
Name, Date of birth and SS# of Subscriber _____
Name of Physician _____ Phone Number_____
In case of emergency contact: _____ Phone Number _____
WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? _____

MEDICAL HISTORY

Health problems that you may have, or medications you may be taking, could have an important reaction with the dental care you may be receiving. Please answer the following questions:

		Yes	No
1.	Have you ever been hospitalized, had major operations, or serious illness? ……..… If so, when and what? _____	☐	☐
2.	Are you under any medical treatment now? ……	☐	☐
3.	Have you had any allergic reactions to any drugs including penicillin, codeine, novocaine, aspirin? …….. Other_____	☐	☐
4.	Has there been a change in your health in the past year? ……	☐	☐
5.	Have you ever had a blood transfusion?……	☐	☐
6.	Have you ever had kidney dialysis treatment?……	☐	☐
7.	Have you ever had abnormal bleeding problems after a cut or tooth extraction? ……..	☐	☐
8.	Are you now taking drugs or medications? ……... If so, what? _____	☐	☐

9. Has a physician ever informed you that you had:

	Yes	No		Yes	No
Heart Ailment	☐	☐	Hepatitis	☐	☐
High Blood Pressure	☐	☐	Yellow Jaundice	☐	☐
Rheumatic Fever	☐	☐	Liver Disease	☐	☐
Heart Murmur	☐	☐	Venereal Disease	☐	☐
Mitral Valve	☐	☐	AIDS/HIV	☐	☐
Angina	☐	☐	Stomach or Intestinal Disease	☐	☐
Stroke	☐	☐	Kidney Problems	☐	☐
Blood Disease	☐	☐	Tumors or Growths	☐	☐
Hemophilia	☐	☐	Diabetes	☐	☐
Asthma	☐	☐	Tuberculosis	☐	☐
Organ or Joint Replacement	☐	☐	Respiratory Disease	☐	☐
Any Other? _____	☐	☐	Epilepsy	☐	☐
			Are You a Smoker?	☐	☐

10. **WOMEN**: Are you pregnant? _____ Has your doctor approved dental care?_____ Anticipated delivery date? _____

I acknowledge that all the information above is as complete and accurate as possible:

Sign: _____ **Date:** _____

Changes: _____ Initials: _____ Date: _____

Changes: _____ Initials: _____ Date: _____

Changes: _____ Initials: _____ Date: _____

Changes: _____ Initials: _____ Date: _____