

PATIENT INFORMATION

Dr Mr Mrs Ms Name _____

Child Single Married Divorced Widowed Age _____ Date Of Birth ____/____/____

Home Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Ext. _____

Social Security # _____

May we contact you by email: Yes No

Email Address _____

Employer _____ Occupation _____

Spouse's Name _____ Spouse's Occupation _____

Spouse's Social Security # _____ Person Responsible for Bill _____

Dental Insurance Yes No If Yes, Group Carrier _____ Group # _____

Has any member of your family been treated in our office? Yes No Name _____

Whom may we thank for referring you to our office? _____

Call in case of emergency _____ Relationship _____ Phone _____

Reason for today's visit _____

MEDICAL HISTORY

Name and address of Physician _____

Physician's phone # _____ Last complete physical? _____

Please check those conditions that now or have every pertained to you:

Overall General Health: Excellent Good Fair Poor

- Yes NO
- Are you currently under the care of a physician?
 - Heart Murmur or Congenital Heart Disease
 - Heart Surgery or Heart Disease
 - Rheumatic Fever
 - Heart Pacemaker
 - Abnormal Blood Pressure High/Low
 - Bleeding Problems
 - Diabetes
 - Kidney Disease
 - Jaundice or Liver Disease
 - Cancer
 - Hepatitis

- Yes NO
- Joint Replacement
 - Convulsions or Epilepsy
 - Dizziness or Fainting Spells
 - Stroke
 - Lung Problems or Tuberculosis
 - Thyroid Disease
 - Glaucoma
 - Ulcers
 - Arthritis
 - Blood Disease, ie Anemia
 - Sinus Trouble
 - Females only: Are you pregnant?
 - Blood Transfusions
 - Dialysis
 - Asthma
 - Major Surgical Procedure (in last 5 years)
 - Hospital Stays (in last 5 years)
 - A.I.D.S.
 - Venereal Disease
 - Migraine Headaches
 - Hay Fever

Are you Allergic or Sensitive to:

- Penicillin
- Aspirin
- Codeine
- Demerol
- Local Anesthetics like Novocaine
- Other Drugs, Medicines or Foods (List)

Are you presently taking Medication?
(If yes, please list and give reason for taking)

Other Medical Problems Not Listed Above?

Patient/Guardian Signature _____ Date _____