

Patient Information

Patient Name: _____

How would you like to be addressed? Mr, Mrs. Ms. Dr.

_____ Male/ Female Please Circle

Home Address: _____

Home Telephone Number: _____ Cell # _____

E-Mail Address _____

Occupation: _____

Employer (Company) Name & Address: _____

Business Telephone Number: _____

Date of Birth: _____ Social Security No.: _____

Are you a student? _____ Where? _____

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

Reason for this visit: _____

Who is responsible for this account? _____

Dental Insurance Information

Primary Insurance	Secondary Insurance
Insurance Company:	
Group Name & Number:	
Employer:	
Employer's Address:	
Subscriber:	
Birth Date of Subscriber:	
Social Security Number Of Subscriber:	

Medical History

Your Medical Doctor's Name: _____
Address: _____
Telephone Number: _____

Please list any medications you are currently taking: _____

Have you taken any other medications or drugs in the past 18 months? _____

If yes, please list them: _____

Do you have any allergies? _____ If so, please list: _____

Have you ever had a skin reaction to latex rubber? _____

Last dental visit and x-rays: _____

Please circle yes (Y) or no (N) to the following questions:

Do you have or have you had any of the following?

- | | |
|---------------------------|----------------------------------|
| Y N Rheumatic Fever | Y N Scarlet Fever |
| Y N Heart Disease | Y N Seizure Disorders |
| Y N Heart Attack | Y N Epilepsy |
| Y N Heart Murmur | Y N Neurological Disorders |
| Y N Mitral Valve Prolapse | Y N Diabetes |
| Y N High Blood Pressure | Y N Hepatitis |
| Y N Bleeding Difficulties | Y N HIV infection |
| Y N Respiratory Disease | Y N Transplanted organs |
| Y N Asthma | Y N Artificial joint replacement |
| Y N Tuberculosis | |

Have you had any surgery in the past 5 years? _____

Women: Are you now pregnant or nursing? _____

Do you have any medical condition not listed above? _____

If Yes, please explain: _____

This Form Completed By (Please Print): _____

Signature: _____ Date: _____