PATIENT INFORMATION AND HEALTH HISTORY

*****PLEASE COMPLETE ALL INFORMATION*****

NAME____DATE OF BIRTH______________________

ADDRESS____CITY _________________________________

STATE_________________ZIP_________________EMAIL____

PHONE (Home)___________________(Work)_____________________(Cell)_______________________

****Please circle the best phone number to reach you****

MARITAL STATUS **(Check One)**: SINGLE:_________ MARRIED:_____________ OTHER:__________

EMPLOYER________________________________SOCIAL SECURITY #______________________________

EMPLOYER ADDRESS____

____

RESPONSIBLE PARTY

PERSON RESPONSIBLE FOR ACCOUNT (IF NOT SELF)___________________RELATIONSHIP____________

DATE OF BIRTH__________________________SOCIAL SECURITY#______________________________

EMPLOYER____WORK PHONE (____)____________________

INSURANCE INFORMATION

NAME OF **PERSON** PROVIDING INSURANCE____

RELATIONSHIP____________DATE OF BIRTH_____________SOCIAL SECURITY #_________________

EMPLOYER NAME ____

DENTAL INSURANCE CARRIER__________________________POLICY OR GROUP#__________________

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?___________________________________

DENTAL HISTORY

REASON FOR YOUR VISIT TODAY ____________________________ PREVIOUS DENTIST________________

DO YOU HAVE ANY OF THE FOLLOWING?

INDICATE WITH A Y FOR YES OR N FOR NO

____SENSITIVE TEETH
____BLEEDING GUMS
____CLENCHING/GRINDING
____SWELLING OR LUMPS
____DRY MOUTH
____PAIN AROUND EAR
____CLICKING IN JAW
____UNPLEASANT BREATH
____UNPLEASANT TASTE
____UNFAVORABLE DENTAL EXPERIENCE

TEXTURE OF TOOTHBRUSH_______________FREQUENCY OF BRUSHING_________________________

FREQUENCY OF FLOSSING__________________OTHER CLEANING AIDS_________________________

********PLEASE TURN OVER AND COMPLETE OTHER SIDE********

MEDICAL HISTORY

PHYSICIAN'S NAME___________________________PHONE (_____)______________________________

PHARMACY NAME____________________________PHONE (_____)______________________________

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

~INDICATE WITH A Y FOR YES OR N FOR NO~

_____ AIDS OR HIV
_____ ALLERGIES TO DRUGS
Please list:____________________
_____ ANY HEART AILMENTS
Please list:____________________
_____ HIGH BLOOD PRESSURE
_____ LOW BLOOD PRESSURE
_____ EXCESSIVE BLEEDING
_____ ANEMIA
_____ BLOOD PROBLEMS
Please list:____________________
_____ LATEX ALLERGY

_____ DIABETES
_____ HEPATITIS
_____ KIDNEY DISEASE
_____ ASTHMA
_____ ORGAN TRANSPLANT
Year/Type:______________________
_____ CANCER/CHEMO/RADIATION
Year/Type:______________________
_____ JOINT REPLACEMENT
Year/Type:______________________
_____ SEIZURES
_____ SINUS PROBLEMS

ARE YOU TAKING ANY MEDICATION?_______IF YES, PLEASE LIST________________________________

HAVE YOU BEEN TOLD BY YOUR DOCTOR THAT YOU NEED TO BE PREMEDICATED WITH ANTIBIOTICS

FOR DENTAL WORK?____________________IF YES, FOR WHAT CONDITION?______________________

WOMEN, ARE YOU PREGNANT?_______________IF YES, WHAT MONTH?___________________________

HAVE YOU EVER HAD AN ADVERSE REACTION TO DENTAL WORK OR LOCAL ANESTHESIA?__________

HAVE YOU EVER TAKEN BISPHOSPHONATE MEDICATION (BONIVA, FOSAMAX, ZOMETA, ETC)? _______

PLEASE LIST ANY OTHER MEDICAL CONDITIONS OF WHICH YOU FEEL WE SHOULD BE AWARE

____

WHO SHOULD WE CONTACT IN THE CASE OF AN EMERGENCY?__________________________________

PHONE (_____)____________________________RELATIONSHIP _________________________________

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services with my informed consent that I may need during diagnosis and treatment.

PATIENT SIGNATURE__________________________________**DATE**_________________
(Parent if a minor)

Thank you for filling out this form completely. It will enable us to help you more effectively.
If you have any questions at any time, please ask us. We are happy to help.