

Name _____ Date _____
 Address _____ City/State _____ Zip _____
 Birth date _____ Age _____ Sex M F Insurance ID or Soc. Sec. # _____
 Phone # Home _____ Work _____ Cell _____
 Email _____
 Single [] Married [] Separated [] Divorced [] Widowed []
 Your Employer _____ Position _____
 Business Address/Zip _____
 Spouse's Name _____ Birth date _____ Insurance ID or Soc. Sec. # _____
 Spouse's Employer _____ Position _____
 Business Address/Zip _____ Business Phone # _____
 Name of your dental insurance company, address, and group # _____
 Reason for today's visit _____
 Referred by _____ Date of last dental visit _____

MEDICAL HISTORY

Physician's name _____ Date of last physical exam _____
 Are you under a physician's care now?.....[YES] [NO]
 Have you had any operations or major illnesses?.....[YES] [NO]
 If yes, please explain _____
 Are you taking any medications, pills, or drugs?.....[YES] [NO]
 If yes, please explain _____
 Are you allergic to any of the following?
 [] Aspirin [] Penicillin [] Codeine [] Latex [] Local anesthesia [] Erythromycin
 [] Other allergies, please explain _____
 Do you use tobacco products?.....[YES] [NO]
 Do you use bisphosphonates?.....[YES] [NO]
 WOMEN: Are you currently pregnant?.....[YES] [NO]

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

AIDS/HIV positive	[YES] [NO]	Alzheimer's Disease	[YES] [NO]
Anemia	[YES] [NO]	Artificial Heart Valve	[YES] [NO]
Artificial Joint	[YES] [NO]	Asthma	[YES] [NO]
Bleeding problems	[YES] [NO]	Breathing problem	[YES] [NO]
Cancer	[YES] [NO]	Cold sores/Fever blisters	[YES] [NO]
Diabetes	[YES] [NO]	Epilepsy/Seizures	[YES] [NO]
Glaucoma	[YES] [NO]	Heart Condition	[YES] [NO]
Hepatitis	[YES] [NO]	High Blood Pressure	[YES] [NO]
History of Fainting	[YES] [NO]	Kidney Disease	[YES] [NO]
Leukemia	[YES] [NO]	Liver Disease	[YES] [NO]
Shortness of Breath	[YES] [NO]	Stroke	[YES] [NO]
Thyroid Disease	[YES] [NO]	Tuberculosis	[YES] [NO]

If you have ever had any serious illness not listed above, please explain _____

Signature _____

All material on this page is confidential