DATE _____

PATIENT'S NAME _____ BIRTHDATE _____

SINGLE _____ MARRIED _____ PARTNER _____ WIDOWED _____ DIVORCED _____

NAME OF SPOUSE _____ BIRTHDAY _____

IF A CHILD, PARENTS NAME _____

RESIDENCE _____
Street City State Zip Code

BUSINESS ADDRESS _____

TELEPHONE #, RESIDENCE _____ TELEPHONE #, BUSINESS _____

CELL # _____ E-MAIL _____

PATIENT EMPLOYED BY _____ PRESENT POSITION _____

SPOUSE EMPLOYED BY _____ PRESENT POSITION _____

SPOUSE'S EMPLOYER ADDRESS _____

REFERRED BY _____

WHO WILL PAY THIS ACCOUNT? _____

PATIENT S.S.# _____ SPOUSE'S S.S.# _____

DENTAL INSURANCE CO. _____ SUBSCRIBER I.D.# _____ GROUP/POLICY# _____

ADDRESS _____

DATE OF LAST FULL MOUTH X-RAYS _____

DATE OF LAST PHYSICAL EXAMINATION _____ (WOMAN) ARE YOU PREGNANT? _____

PHYSICIAN'S NAME _____ PHONE # _____

ARE YOU TAKING ANY MEDICATION? _____ IF SO, WHAT? _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING DISORDERS? _____

	YES	*NO*		*YES*	*NO*
STROKE			ANEMIA		
EPILEPSY			DIABETES		
HEPATITIS			FAINTING SPELLS		
ABNORMAL HEART CONDITION			ABNORMAL BLOOD PRESSURE		
CHEMICAL DEPENDENCY			RADIATION THERAPY		
RHEUMATIC FEVER			HEART MURMER		
SENSITIVITY TO A DRUG			GLAUCOMA		
TO PENICILLIN			EXCESSIVE/PROLONGED BLEEDING		
OTHER _____			PROSTHETIC APPLIANCES (HIP, KNEE, HEART)		
SENSITIVITY TO LATEX			ASTHMA		
HIV OR AIDS					

SIGNATURE _____ DATE _____

EMERGENCY CONTACT NAME _____ PHONE: _____

PATIENT'S SIGNATURE _____ DATE _____

I HAVE REVIEWED MY MEDICAL HISTORY AND HAVE NOTED ANY CHANGES BELOW:

DATE:	INITIALS		CHANGES - AS NOTED BELOW
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	

NAME _____ DATE _____ FOR _____

_____ DATE _____ FOR _____

_____ DATE _____ FOR _____

EMERGENCY CONTACT NAME _____ PHONE _____

PATIENT'S SIGNATURE _____

I HAVE REVIEWED MY MEDICAL HISTORY AND HAVE NOTED ANY CHANGES BELOW

DATE:	INITIALS		CHANGES - AS NOTED BELOW
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	
		❑ NO CHANGES	

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