

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(PARENT OR GUARDIAN IF PATIENT IS A MINOR)

MARITAL STATUS: S M D W PATIENT'S AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ MALE / FEMALE

HOME ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYED FOR HOW LONG \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

(CIRCLE YES OR NO)

1. ARE YOU UNDER MEDICAL TREATMENT NOW? \_\_\_\_\_ YES NO

2. ARE YOU TAKING ANY MEDICATIONS? \_\_\_\_\_ YES NO

3. ARE YOU ALLERGIC TO PENICILLIN, NOVOCAINE, ETC.? \_\_\_\_\_ YES NO

4. (WOMEN) ARE YOU PREGNANT? WHEN EXPECTING? \_\_\_\_\_ YES NO

5. HAVE YOU EVER HAD TROUBLE WITH BLEEDING AFTER SURGERY? \_\_\_\_\_ YES NO

6. DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING? (PLEASE CIRCLE)

RHEUMATIC FEVER	ASTHMA	ARTHRITIS
HEART TROUBLE	TUBERCULOSIS	ANEMIA
HIGH BLOOD PRESSURE	KIDNEY OR LIVER DISEASE	EPILEPSY
ANY VENEREAL DISEASE	ANY BLOOD DISEASE	DIABETES

7. IS THERE ANY OTHER INFORMATION THAT SHOULD BE KNOWN ABOUT YOUR HEALTH? YES NO

\_\_\_\_\_

\_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?

\_\_\_\_\_

**REASON FOR VISIT**

DENTAL CLEANING       DENTAL EXAMINATION       CONSULTATION ONLY

DESCRIBE PRESENT DENTAL PROBLEM: \_\_\_\_\_

\_\_\_\_\_

HAVE ANOTHER DENTIST AND REQUIRE YOUR SERVICES TODAY

**BEST DESCRIPTION OF YOUR PAST DENTAL TREATMENT RECORD**

AT LEAST 2 VISITS A YEAR       ABOUT ONCE EVERY 2 OR 3 YEARS

AT LEAST ONCE A YEAR       ONLY WHEN I HAVE A PROBLEM

**PERSON FINANCIALLY RESPONSIBLE FOR THIS ACCOUNT IF OTHER THAN PATIENT**

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOME      WORK

**NAME OF NEAREST RELATIVE NOT LIVING WITH YOU**

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOME      WORK

**METHOD OF PAYMENT**

DENTAL INSURANCE       CASH       MASTERCARD / VISA       MEDICAL CARD

PATIENT'S SOCIAL SECURITY # \_\_\_\_\_

POLICY HOLDER'S SOCIAL SECURITY # \_\_\_\_\_

**APPOINTMENT POLICY**

Broken appointments inconvenience many people. If unable to keep an appointment, please give us at least 24 hours notification so we can make that time available to someone else. Thank you.

SIGNATURE \_\_\_\_\_

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