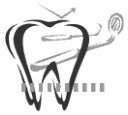

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Name:_____ Soc. Sec. #_____ Date:_____
Last First Initial

Address:_____

City:_____ State:____ Zip:_____ Phone:_____ Cell:_____

Sex: M___ F___ Age:____ Birthdate:_____ Single:____ Married:____ Divorce:____

Patient Employed by:_____ Wk #_____

Drivers License #:_____ Exp. date:_____ Who Referred You:_____

Notify in case of an Emergency:_____ Hm #_____ Wk#_____

Email address _____

Medical History

Y___ N___ Have you been treated for osteoporosis or bone cancer?

Y___ N___ Have you had any serious illnesses or operations? If yes, describe_____

Y___ N___ Are you on blood thinners? If yes, describe: _____

Y___ N___ Do you snore?

Y___ N___ Women: Are you Pregnant?

Nursing? Y___ N___ Taking any birth control pills? Y__ N__

Y / N HIV Positiv
Y / N Anaphylaxis
Y / N Anemia
Y / N Arthritis, Rheumatism
Y / N Artificial heart valves
Y / N Artificial joints
Y / N Asthma
Y / N Atopic (allergy prone)
Y / N Back problems
Y / N Blood disease
Y / N Cancer

Y / N Diabetes
Y / N Epilepsy
Y / N Fainting
Y / N Headaches
Y / N Heart Murmur
Y / N Heart problems
Describe:_____
_____
Y/N Hemophilia?Abnormal bleeding
Y / N Herpes
Y / N Hepatitis
Y / N High Blood Pressure
Y/N Chemotherapy

Y / N Jaw Pain
Y / N Kidney disease or malfunction
Y / N Liver Disease
Y / N Material Allergies (latex, wool, metal malfunctions chemicals)
Y/N Mitral valve prolapse
Y/N Pacemaker/Heart
Y/N Radiation treatment
Y/N Respiratory disease
Y/N Rheumatic/scarlet fever
Y/N Shingles
Y/N Circulatory problems

Y / N Shortness of breath
Y / N Stroke
Y / N Surgical implant
Y / N Swelling of feet/ankles
Y / N Thyroid disease
Y / N Tobacco habit
Y / N Tuberculosis
Y / N Ulcer/Colitis
Y / N Venereal

List medications you are currently taking, if any:

_____
_____
_____

List drug allergies, if any:

_____
_____
_____