

Welcome!

About You:

Today's

Date _____

Name _____ I prefer to be called: _____ Birth date _____ SS# _____

Address _____ City _____ State _____ Zip _____

Phone # Mobile (____) _____ Home (____) _____ Work (____) _____

Marital Status _____ Where & when are best times to reach you? _____

Who may we thank for you referring you? _____

Email address _____ (only for appointment reminders)

Previous/Present Dentist _____ Last Visit Date _____

Employer _____ Address _____

Emergency Contact _____ Phone# _____ Relation: _____

Physician's Name: _____ Phone # _____ Date of last visit: _____

Why have you come to the dentist today? _____ Are you currently in pain? Yes No

Pharmacy Name _____ Location _____ Phone Number _____

Medications:

Please list any and ALL Medications you are taking including prescription, over the counter, herbal, vitamins and minerals, weight loss aids, cold or allergy medicine, pain medicine, etc:

Women:	Are you taking Birth Control Pills?	Yes	No	
	...Hormone Replacement?	Yes	No	
	Are you Pregnant?	Yes	No	Week # _____
	Are You Nursing?	Yes	No	

Do you or have you ever had any of the following diseases or conditions?
(Please circle either Y or N for each condition)

Y	N	Diabetes
Y	N	High or Low Blood Pressure
Y	N	Heart Attack
Y	N	Rheumatic or Scarlet Fever
Y	N	Congenital Heart Defect
Y	N	Mitral Valve Prolapse
Y	N	Pacemaker
Y	N	Have you been advised to take antibiotics before dental appts?
Y	N	Heart Surgery
Y	N	Artificial Heart Valve, replacements
Y	N	High Cholesterol
Y	N	Stroke
Y	N	Blood Transfusion
Y	N	Hemophilia/ Abnormal Bleeding
Y	N	Anemia
Y	N	HIV~AIDS
Y	N	Shingles
Y	N	Fever Blisters/ Cold Sores
Y	N	Drug/ Alcohol Abuse

City, State, Zip _____

Group Number _____ Phone Number _____

Employer _____

Subscriber's Name _____ ID # _____

Subscriber's birthdate _____

INSURANCE COVERAGE SECONDARY

Insurance Company _____

Address _____

City, State, Zip _____

Group Number _____ Phone Number _____

Employer _____

Subscriber's Name _____ ID # _____

Subscriber's birthdate _____