

PERSONAL INFORMATION

REFERRED BY _____ EMAIL _____

NAME _____ MALE FEMALE

DATE OF BIRTH ____ / ____ / ____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

SPOUSE _____ DATE OF BIRTH _____

SPOUSE PLACE OF EMPLOYMENT _____ SPOUSE SSN # _____

METHOD OF PAYMENT CASH CREDIT CARD INSURANCE

INSURANCE COMPANY _____ ID OR SS# _____

SUBSCRIBER NAME _____

SECONDARY INSURANCE _____ ID OR SS# _____

PHYSICIAN NAME AND NUMBER _____

EMERGENCY CONTACT NAME AND NUMBER _____

PLEASE LIST ALL FAMILY MEMBERS TO BE LISTED ON THIS ACCOUNT: FIRST AND LAST NAMES

HAVE YOU HAD TROUBLE WITH PREVIOUS DENTAL TREATMENT _____

DO YOU CURRENTLY USE TOBACCO YES NO IF SO WHAT KIND _____

ARE YOU PREGNANT YES NO

TURN OVER TO FINISH

PERSONAL INFORMATION

CIRCLE ANY ILLNESSES THAT YOU HAVE OR HAVE HAD

HIGH BLOOD PRESSURE LOW BLOOD PRESSURE PACEMAKER

HAYFEVER RESPIRATORY PROBLEMS

ASTHMA IF SO WHAT TRIGGERS ATTACKS _____

FAINING SPELLS SIEZURES OR EPILEPSY, IF SO WHEN WAS LAST SIEZURE _____

DIABETES HEPATITIS (A B C) AIDS OR HIV INFECTION THYROID PROBLEMS

TUBERCULOSIS HEART ATTACK DATE _____ STROKE DATE _____

IF RECEIVING CANCER TREATMENT TYPE AND WHEN DIAGNOSED _____

DATE OF LAST TREATMENT AND TYPE _____

ABNORMAL BLEEDING BISPHOSPHONATES OR BONE BUILDING MEDICINE

ARTIFICIAL JOINTS, IF SO DATE OF SURGERY _____

PLEASE LIST ALL MEDICATIONS _____

ALLERGIES _____

FOR THE FOLLOWING QUESTIONS CIRCLE YES OR NO

HAS THERE BEEN ANY CHANGE IN YOUR GENERAL HEALTH WITHIN THE PAST YEAR YES NO

ARE YOU UNDER THE CARE OF A PHYSICIAN YES NO

IF YES, WHAT CONDITION ARE YOU BEING TREATED FOR? _____

HAVE YOU EVER HAD ANY SERIOUS ILLNESS, SURGERY OR HAVE BEEN HOSPITALIZED IN THE
LAST 2 YEARS YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER HAD HEART SURGERY, AN ARTIFICIAL HEART VALVE, OR BACTERIAL ENDO
CARDITIS YES NO IF YES, EXPLAIN _____

PATIENT SIGNATURE _____ DATE _____

FOR FUTURE VISITS

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____