

Welcome To Our Office!

Patient Information

Last name: _____ First name: _____ M: ___ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____
If patient is a minor Parents Name _____ *E-Mail* _____
Patient's date of birth: __/__/__ Sex: M / F Social Security Number: _____
Marital status: M D W S Occupation: _____ Employer: _____
Who referred you to our office, or how did you hear about us? _____
Emergency contact: _____ Best number for daytime contact: (____) _____

Dental Insurance Information

Primary Insurance Co: _____ Phone: (____) _____ Group #: _____
Employee: _____ Date of birth: __/__/__ S.S. or ID No.: _____
Employer: _____ Phone: (____) _____

Secondary Insurance Co.: _____ Phone: (____) _____ Group #: _____
Employee: _____ Date of birth: __/__/__ S.S. or ID No.: _____
Employer: _____ Phone: (____) _____

Medical Information Circle Y for yes or N for no

Are you currently undergoing treatment by a physician or psychiatrist? Explain: _____ Y N
Physician's name and phone #: _____

Do you have serious health problems? Explain: _____ Y N
Have you had a serious illness, operation or been hospitalized in the past 5 years? Explain _____ Y N

Are you taking prescription (including birth control) or over the counter medication? Y N
If so, please list them here: _____

Has a physician recommended that you take an antibiotic prior to any dental treatment? Explain: _____ Y N

Have you had any joint replacements? Explain: _____ Y N

Do you have or have you had artificial heart valves, infective endocarditis, congenital heart disease (CHD), or Damaged valves in a transplanted heart? Explain: _____ Y N

Are you currently taking or have you taken any bisphosphonate medications such as Actonel (resodronate), Aredia (pamidronate), Bonafos (clodronate), Boniva (ibandronate), Didronel (etidronate), Fosamax (alendronate), Ostac (clodronate), Skelid (filudronate), Zometa (soledronic acid), and/or are you being treated or have treatment planned for osteoporosis, Paget's Disease, multiple myeloma, bone disease, or metastatic cancer? Explain: _____ Y N

Are you sensitive or allergic to any of the following (Y for Yes & N for No)?

Local anesthetics (lidocaine)	Y N	Codeine or Narcotics	Y N	Metals	Y N
Pain medications	Y N	Antibiotics	Y N	Latex (rubber)	Y N
(which: _____)		(Which: _____)		Other (explain: _____)	

