Medical History Form

atlent's Rame: LAST Sex: M F Date of Birth MINOCE NETLL, Age Patient is a Minor, give Parent's or Guardian's Name Sex: M F Date of Birth MINOCE NETLL, Age Patient is a Minor, give Parent's or Guardian's Name Sex: M F Date of Birth MINOCE NETLL, Age Marital Status Middle Minor, give Parent's or Guardian's Name Sex: M F Date of Birth MINOCE NETLL, Age Middle Minor, give Parent's Name State Zip Middle Miros State Zip Middle Miros State Zip Middle Miros Miros	ationt Information				L	ato		
Patient is a Minor, give Parent's or Guardian's Name Patient is a Minor, give Parent's or Guardian's Name Patient is a Minor, give Parent's or Guardian's Name Patient is a Minor, give Parent's or Guardian's Name Patient is a Minor, give Parent's or Guardian's Name Patient								
Security Number	itient's Name:	LAST						
esponsible Party Information st Name	ocial Security Number							Age
State	Patient is a Minor, give Parent	t's or Guardian's Na	me					
City	-							
Home Phone Work Phone Work Phone Attended Att								
Relationship to Patient							-	
Occupation								
Yellow Pages								
Vellow Pages Friend / Relative Radio Ad Which Station? Employer	• •							
Yellow Pages Friend / Relative Radio Ad Which Station? Employer	ame/Address/Phone No. of nea	arest relative not livi	ng with you					***************************************
Sign Mail Coupon TV Ad Which Station? Employer Employee Health Fairs / Screenings News Paper - Which one? Other (Specify) Description of today's dental visit Reason Description of last dental visit Reason Descriptio	ow did you hear about	t us? Please c	heck below:					
Employee	Yellow Pages 🗆 Friend /	Relative	☐ Radio Ad Which	Station?		_ 🛛 Bill Board		
asson for today's dental visit	•		TV Ad Which St	ation?		_		
are of last dental visit	Employee 🗆 Health F	airs / Screenings	□ News Paper - Whi	ch one?		_ Other (Sp	ecify)	
are you ever had an experience in a dental office, that you would like to tell us about? YES NO If YES, please explain	eason for today's dental visit _							
re you apprehensive about dental treatment? YES NO Are your teeth sensitive to hot, cold, sweets, pressure? YES NO pour gums bleed, feel tender or irritated? YES NO Do you have discolored teeth that bother you YES NO re you now seeing a physician? YES NO Are you unhappy with the appearance of your teeth? YES NO so, what is the condition being treated? The Name & Address of my Physician (s) is	ate of last dental visit		Reason					
o your gums bleed, feel tender or irritated? YES NO Do you have discolored teeth that bother you YES NO e you now seeing a physician? YES NO Are you unhappy with the appearance of your teeth? YES NO so, what is the condition being treated?	ave you ever had an experience	e in a dental office,	that you would like to	tell us about	? YES NO	If YES, please of	explain _	
o your gums bleed, feel tender or irritated? YES NO Do you have discolored teeth that bother you YES NO re you now seeing a physician? YES NO Are you unhappy with the appearance of your teeth? YES NO so, what is the condition being treated? No	re you apprehensive about den	ital treatment? YES	NO Are yo	ur teeth sens	itive to hot, c	old, sweets, pressure	? Y	ES NO
so, what is the condition being treated?	• • • • • • • • • • • • • • • • • • • •		_		-	· · ·		ES NO
The Name & Address of my Physician (s) is	re you now seeing a physician'	? YES	NO Are yo	u unhappy w	ith the appear	ance of your teeth?	Υ	ES NO
female, are you pregnant? YES NO If yes, how long?	so, what is the condition beir	ng treated?						
Iark any of the following which you have had or have at present: Heart Disease	ne Name & Address of my Phy	/sician (s) is						
Heart Disease	hat medications are you taking	g now?						
Heart Disease	female, are you pregnant?	YES NO If y	es, how long?					
High Blood Pressure Diabetes Emphysema Chemo. (Cancer, Leukemia) Pain in Jaw Join Blood Disease Scarlet Fever Tuberculosis Arthritis HIV+ Rheumatic Fever Anemia Asthma Rheumatism Hepatitis Heart Murmur Kidney Trouble Hay Fever Cortisone Medicine Hemophilia Venereal Disease Epilepsy or Seizures Nervousness Sickle Cell Disease Bruise Easily Bruise Easily Aspirin Codeine or other narcotics Barbiturates, sedatives, or sleeping pills Iddine Other	lark any of the followi	ng which you t	ave had or have	at prese	nt:			
Blood Disease Scarlet Fever Tuberculosis Arthritis HIV+ Rheumatic Fever Anemia Asthma Rheumatism Hepatitis Heart Murmur Kidney Trouble Hay Fever Cortisone Medicine Hemophilia Venereal Disease Epilepsy or Seizures Nervousness Sickle Cell Disease Bruise Easily Iark any of the following medications you are allergic to: Local Anesthetics Penicillin or other antibiotic Sulfa Drugs Aspirin Codeine or other narcotics Barbiturates, sedatives, or sleeping pills Iodine Other								
Rheumatic Fever		Heart Pacemaker	□ Ulcers			Disease	☐ GI	aucoma
Heart Murmur	Heart Disease			na	☐ Thyroid (
Venereal Disease	Heart Disease	Diabetes	☐ Emphyser		☐ Thyroid I☐ Chemo. (☐ Arthritis	Cancer, Leukemia)	□ Pa	in in Jaw Joint
Aspirin	Heart Disease	Diabetes Scarlet Fever Anemia	☐ Emphysen☐ Tuberculo☐ Asthma	sis	☐ Thyroid I☐ Chemo. (☐ Arthritis☐ Rheumat	Cancer, Leukemia) ism	☐ Pa	ain in Jaw Joint IV+ epatitis
Local Anesthetics	Heart Disease	Diabetes Scarlet Fever Anemia Kidney Trouble	☐ Emphysen ☐ Tuberculo ☐ Asthma ☐ Hay Fever	sis	☐ Thyroid II☐ Chemo. (☐ Arthritis☐ Rheumat	Cancer, Leukemia) ism • Medicine	☐ Pa	ain in Jaw Joint IV+ epatitis emophilia
Aspirin Codeine or other narcotics Barbiturates, sedatives, or sleeping pills Other	Heart Disease	Diabetes Scarlet Fever Anemia Kidney Trouble	☐ Emphysen ☐ Tuberculo ☐ Asthma ☐ Hay Fever	sis	☐ Thyroid II☐ Chemo. (☐ Arthritis☐ Rheumat	Cancer, Leukemia) ism • Medicine	☐ Pa	ain in Jaw Joint IV+ epatitis emophilia
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	Heart Disease	Diabetes Scarlet Fever Anemia Kidney Trouble Epilepsy or Seizures ng medications Penicillin or other a	☐ Emphysen ☐ Tuberculo ☐ Asthma ☐ Hay Fever ☐ Nervousne	sis ess i c to: ulfa Drugs	☐ Thyroid I☐ Chemo. (☐ Arthritis☐ Rheumat☐ Cortisone☐ Sickle Ce	Cancer, Leukemia) ism • Medicine II Disease	☐ Pa	ain in Jaw Joint IV+ epatitis emophilia
	Heart Disease	Diabetes Scarlet Fever Anemia Kidney Trouble Epilepsy or Seizures ng medications Penicillin or other an	☐ Emphysen ☐ Tuberculo ☐ Asthma ☐ Hay Fever ☐ Nervousno a you are allergi attibiotic ☐ Si rcotics ☐ Ba	sis ess i c to: ulfa Drugs	☐ Thyroid I☐ Chemo. (☐ Arthritis☐ Rheumat☐ Cortisone☐ Sickle Ce	Cancer, Leukemia) ism • Medicine II Disease	☐ Pa	ain in Jaw Joint IV+ epatitis emophilia
DR. DATE DR. DATE DR.	Heart Disease	Diabetes Scarlet Fever Anemia Kidney Trouble Epilepsy or Seizures ng medications Penicillin or other an Codeine or other na	☐ Emphysen ☐ Tuberculo ☐ Asthma ☐ Hay Fever ☐ Nervousno a you are allergi attibiotic ☐ Si rcotics ☐ Ba	sis ess i c to: ulfa Drugs	☐ Thyroid I☐ Chemo. (☐ Arthritis☐ Rheumat☐ Cortisone☐ Sickle Ce	Cancer, Leukemia) ism • Medicine II Disease	☐ Pa	ain in Jaw Joint IV+ epatitis emophilia

Signature of Patient / Parent / Guardian