





Occupation

Home phone #

Work phone #

Date of birth

Initial

Circle the appropriate answer. If you are unsure of any answer, please write "Don't know" on the

Social Security #

line after the question. 1. Physician's name_ Address 2. Are you under a physician's care? Since when? 3. When was your last complete physical exam? (If yes, please list medications in column on right.) 6. Are you allergic to any medications or substances?......YES NO 8. Do you have any problems with penicillin, antibiotics, 9. Do you have a pacemaker or an artificial heart valve or any heart murmurs? YES NO 11. Do you have any blood disorders, such as anemia, leukemia, etc.?......YES NO 12. Are you sensitive to any metals or latex?......YES NO 13. Do you use any birth control medication or is there any possibility of being pregnant? YES NO 14. Have you ever been treated for or been told you might have heart disease or 15. Have you ever had a serious illness or major surgery or hospitalization? YES NO If so, explain 16. Have you ever had radiation treatment or chemo treatment for tumor, 17. Do you have inflammatory diseases, such as arthritis or rheumatism? YES NO 20. Are you a diabetic?......YES NO 21. Do you have asthma?......YES NO 23. Do you or have you had venereal disease or tested positive for HIV or have AIDS? YES NO Do you snore? ______YES NO Did anyone ever see you gasping for air when you were sleeping?......YES NO Do you use a CPAP or have you been told to use one?......YES NO 31. Do you have any disease condition or problem not listed? If so, explain ___ 32. Is there anything we should know about your health that we have not covered in this form? 33. Would you like to speak to the Doctor privately about any problem? 34. How did you hear about our office? _ 35. Who was your last dentist? 36. How many years ago was your last dental visit? ___ 37. Is there anything you want to change about your mouth? _____ I certify that the above information is complete and accurate.

COMMENTS

Date

ANEST.

Dentist's signature

Patient's/Guardian's signature _____

MED. ALERT