





Please take a few minutes to answer the following questions so we can better assist you with your dental care needs.

Relationship to Patient	NT INFORMATION							
Clast Name	ate B	th Date	Pat	ient Social S	Security #			
Street Address City	ame							
City State Zip Occupation Male Female Single Married Divorced Divorced Patient Home Phone Employer Address Employer Phone Employer Phone Employer Address Employer Address Employer Phone Employer Phone Employer Address Relationship Emergency Work Phone Whom may we thank for referring you to us? PRIMARY INSURANCE Individual responsible for this account Glast Name Group # Grou						(Initial)		
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FAMILY HEALTH INFORMATION

Signature

Some health conditions are the result of hereditary spinal weaknesses. Information that you can furnish us pertaining to your immediate family members (brothers, sisters, parents and grandparents) will give us a better understanding of your total health needs.

RELATIONSHIP TO YOU		HEALTH PROBLEMS ANY FAMILY MEMBER HAS HAD OR HAS NOW								
	-									
							+ +			
MEDICATIONS	A BOOK AS A CONTRACTOR		02 2 W.A	-	18 41 5			91.15		-
List medications you are currently	taking		ſ	☐ Aspirin			Penicillin			
				Barbitu			Sulfa			
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			_] Codeir	ie		Other (plea	se iisij		
				lodine						—
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Pharmacy	Phone			Local Anesthetic			-			
CHECK ANY SYMPTOM(S) OR C	ONDITION(S) BELOW T	HAT YOU C	URRENTL	Y HAVE	OR HAV	E HAD IN THE	PAST YEAR:			
☐ AIDS	Depression/Ner	ousness/		☐ Hoarseness			□ Polio			
Appendicitis	Difficulty Swallow	wing		Indigestic	on		☐ Poor Appetite			
Arm Pain or Numbness	Dizziness/Faintii	Dizziness/Fainting		Irregular Heartbeat			Poor Circulation			
☐ Arthritis	Double Vision		_	Itching			Prostate Problem			
Asthma	☐ Excessive Thirst	:	_	☐ Jaundice			Rapid Heartbeat			
Back Pain or Numbness	☐ Emphysema			☐ Kidney Disease			Rash			
☐ Bleeding Disorders	☐ Epilepsy		- T	Lack of Bladder Control			☐ Rectal Bleeding			
☐ Bleeding Gums	☐ Earache			Leg Pain or Numbness			☐ Rheumatic Fever			
Bloating	=	Ear Discharge		Liver Disease			Ringing in Ears			
☐ Blood in Urine		Feet Pain or Numbness		Loss of Hearing			☐ Scarlet Fever			
☐ Blurred Vision	_	Fever		Loss of Sleep			Scars			
☐ Bowel Changes		☐ Forgetfulness		Loss of Weight			☐ Sciatica			
☐ Breast Lump	☐ Frequent Urinati	on	_		d Pressu	ıre	Shoulder F		umbne	286
☐ Brights Disease	☐ Gas			Lumbago			Sinus Problems			
Bruise Easily	☐ Glaucoma		_	Measles			Sore That			
Bursitis	_	☐ Hand Pain or Numbness		Migraine Headaches			Stomach Aches or Pains			
☐ Cancer	Hay Fever				Sclerosis		Stroke	15		
☐ Cataracts	☐ Headache	1			Sweats					
Change in Moles		☐ Heart Disease		☐ Nausea			Swelling Ankles			
Chemical Dependency		☐ Hemorrhoids		☐ Neck Pain or Numbness			☐ Thyroid Problems			
Chest Pain		☐ Hepatitis ☐ Neuralgia		1		☐ Tuberculos	SIS			
Chicken Pox	☐ Herpes	☐ Neuritis			Ulcers					
☐ Chills	_ •	☐ High Blood Pressure ☐ Nose Bleeds			☐ Varicose Veins					
Crossed Fives	☐ High Cholestero				☐ Venereal Disease					
☐ Crossed Eyes	☐ Hip Pain or Num	_		☐ Vision Flashes						
☐ Diabetes ☐ Diarrhea	☐ HIV Positive ☐ Hives		Preumonia			☐ Vomiting☐ Vomiting Blood				
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Artificial Sweeteners	Salt	y Foods				Tobacco Water				
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Date