



Print name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ (Last) (First) (MI) \_\_\_\_\_  
DOB: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone : \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Person responsible for account: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Email address: \_\_\_\_\_ Cell/home #: \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Who referred you to our office: \_\_\_\_\_

### Insurance-Primary

Insurance Company Name: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Subscriber SSN/ID: \_\_\_\_\_ Subscriber Employer: \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_ Group #: \_\_\_\_\_

### Medical History

Physician Name: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Do you have any disease the dentist should know about? \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

### List all that apply:

Allergies to:

- Acetomenophen (i.e, Tylenol)
- Aspirin
- Barbiturates, Sedatives, or sleeping pills
- Codeine or other narcotics
- Sulfa
- Dental Anesthetics (i.e. Novacaine)
- Erythromycin
- Fluoride
- Ibuprofen (i.e., Advil)
- Latex
- Penicillin or other antibiotics
- Tetracycline \_\_
- Other

Condition:

- Abnormal Bleeding
- Anemia \_\_ Angina Pectoris/Chest Pain
- Anxiety/Nervousness
- Artificial Heart Valve
- Asthma/Difficulty breathing
- Blood Transfusion
- Cancer
- Chemotherapy/Radiation
- Congenital Heart Defect
- Diabetes
- Epilepsy/Seizures
- Fever blisters/Cold Sores
- Frequent Headaches
- Heart Surgery
- Kidney Problems
- Psychiatric Problems
- Tuberculosis