



Patient Name: _____

For your safety and according to state law, we must update this information annually.

Form with fields for Address, Mobile Number, Home Number, Email, and Emergency Contact Name and Number.

Have you had any surgeries or hospital visits in the last 6-12 months? Y N

Have you had any changes in your medical condition (Hip/ shoulder/ knee replacements, heart condition, autoimmune condition, thyroid, etc.) in the last 6-12 months? Y N

If yes to any of the above, please explain: _____

What specific questions or concerns you would like us to address today? (circle any):

- Headache/Migraine relief, Veneers, Whiten teeth, Straighten teeth, Sensitivity, Pain, Replace missing teeth, Implants, Snoring, Other

Please circle (Y) for "yes" or (N) for "no" for any of the following which may apply to you now or in the past:

- Y N Heart attack / Chest Pain, Y N Implant or Artificial Joint, Y N Thyroid Disease, Y N Headaches or Migraines, Y N Heart Disease, Y N Asthma, Y N Epilepsy or Seizures, Y N Pacemaker, Y N Anemia or Blood Disorder, Y N Ulcers, Reflux, Heartburn, Y N Cancer, Chemo, Radiation, Y N Heart Value Disorder, Y N Excessive Bleeding, Y N Digestive Disorders, Y N Tuberculosis, Lung Problems, Y N Stroke, Y N Psychiatric Disorders, Y N Kidney or Liver Problems, Y N Hepatitis A B C D, Y N High Blood Pressure, Y N Mononucleosis, Y N Fainting or Blackouts, Y N AIDS or HIV Infection, Y N Diabetes, Y N Herpes, Y N Drug/Alcohol Dependency, Y N Use Tobacco?

Y N Has your physician advised you to take antibiotics before dental treatment? Reason _____

(Women) Are you currently pregnant? _____ If yes, when are you expecting? _____

Physician's name and phone: _____

Please list any allergic reactions to an anesthetic or drug such as penicillin, sedatives, latex, codeine, or metals:

Please list any drugs, medications, over-the-counter meds, or vitamins you are currently taking:

Large empty box for listing current medications.

Signature lines for Responsible Party and Doctor/Hygienist with Date fields.