Welcome to our office

In order to render the best professional care it is necessary that we become acquainted with the vital information related to each patient. All information is strictly confidential. We appreciate your co-operation in filling out this form carefully and accurately. (PLEASE PRINT, Thank you.)

Patient's Last Name	Mr. Mrs. Dr. Ms.	Given Names	Home Phone
Apt. / Address		City	Postal Code
Date of Birth month — day — year	Preferred Name	Cell Phone	
E-Mail Address	Employer	Business Phone	
In case of emergency, notify	Relationship	Phone	
Name of person responsible for your account ☐ Self, Other:	Whom may we thank for referring you? Name:		
Do you have Dental Insurance?	Name of Insured Employee	Insurance Company	Employer
	Group Policy Number	Certificate or I.D. Number	
Policy Holder Date of Birth			
Family Physician	Phone	Previous Dentist	Address or Phone

MEDICAL HISTORY

		Yes	No
1.	Is your physician currently treating you for any reason? If yes, explain _____	☐	☐
2.	Have you ever been hospitalized? If yes, specify _____	☐	☐
3.	Do you bruise easily or bleed excessively when cut?	☐	☐
4.	Are you currently taking any pills, drugs or other medicines? If yes, please list 1. _____ 2. _____ 3. _____ 4. _____	☐	☐
5.	Have you ever taken cortisone, steroids, anti-depressants, blood thinners, or thyroid medicine?	☐	☐
7.	Do you smoke tobacco products?	☐	☐
8.	Women Only: Are you pregnant? If yes, when do you expect? _____		

9. Do you have any or have you ever had any of the following?

☐ Heart disease or chest pains	☐ Lung or breathing problems	☐ Arthritis
☐ High blood pressure	☐ Asthma	☐ Artificial joint replacements
☐ Heart murmur	☐ Kidney or liver problems	☐ Epilepsy or seizures
☐ Pacemaker or artificial valves	☐ Hepatitis	☐ Syphilis, gonorrhea, AIDS
☐ Rheumatic fever	☐ Thyroid problems	☐ Tumors or cancer
☐ Diabetes	☐ Stomach or intestinal problems	☐ Radiation therapy
☐ Blood disorders or anemia	☐ Tuberculosis	☐ Shortness of breath

Please specify _____

_____

10.	Is there anything else concerning your health that the doctor should know? _____	☐	☐
11.	Are you allergic to any medication or drugs? If yes, explain _____	☐	☐