

HEALTH HISTORY

NAME _____ MARITAL STATUS (S)__(M)__(W)__(D)___

WHAT DO YOU PREFER TO BE CALLED? _____

HOME ADDRESS _____

(street) (city) (zip code)

HOME PHONE _____ BUSINESS PHONE _____

DATE OF BIRTH _____ EMPLOYER _____

BUSINESS ADDRESS _____ S.S. # _____

SPOUSE/PARENT NAME _____ # _____

BUSINESS ADDRESS _____

DENTAL INSURANCE _____ GROUP # _____

SPOUSE'S SOCIAL SECURITY # _____ DATE OF BIRTH _____

YOUR PHYSICIAN'S NAME _____ LAST VISIT _____

WHOM MAY WE THANK FOR RECOMMENDING OUR OFFICE? _____

In case of emergency (name and number) _____

1) Are you being treated by a physician? yes no

2) Are you currently taking drugs or medication? yes no

If yes, what? _____

3) Are you allergic to any medications? yes no

If yes, what? _____

4) Do you have a history of fainting? yes no

5) Do use tobacco products? yes no

6) Any history of :

YES	NO		YES	NO
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Heart problems	<input type="radio"/>	<input type="radio"/>	Prolonged Bleeding	<input type="radio"/>	<input type="radio"/>
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High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>
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Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	Tumors or Growths	<input type="radio"/>	<input type="radio"/>
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Kidney or Liver Disease	<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>
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Glaucoma	<input type="radio"/>	<input type="radio"/>	HIV – AIDS	<input type="radio"/>	<input type="radio"/>
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Stomach or Intestinal Disease	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>
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Allergic to Anesthetic	<input type="radio"/>	<input type="radio"/>	Artificial Joints	<input type="radio"/>	<input type="radio"/>
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Emotional Stress	<input type="radio"/>	<input type="radio"/>	Heart Valve problems	<input type="radio"/>	<input type="radio"/>
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High Cholesterol	<input type="radio"/>	<input type="radio"/>			
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Signature _____ **Date** _____

Responsible Party _____

Our office is dedicated to the concept that all people should have the right to retain their natural teeth for a lifetime. Preventive measures, high quality care, and good cooperation combined with timely treatment make it possible for most people to retain their natural teeth with comfort, function, and appearance. My staff and I are dedicated to this concept and with your cooperation we will do everything we can to help you reach your goals for dental health.