Tim Burgiss & AJ Carangelo "Excellence in Dentistry with a Christian Heart"

	Name	Dr, Mr., Mrs., Ms	9.		First Name	Middle		
Name	you go by	Name of Sp	ouse or (	Juardia	an .			
Date	of Birth	Social Sec	urity#		Employer			
Home	Address	City	Stat	e Zip	Home Phone - Cell Phone	9		
In cas	se of Emergency			Phone	#			
Prefe	rred Pharmacy		De	ntal In	surance :Yes/No			
					Burance .168/NO			
	What is your present d							
					ISTORY *			
1.					DW?			
2.	HAVE THEY BEEN REPLACE	D? YES NO	HOW?					
3.	DATE AND TYPE OF LAST DE	ENTAL X-RAYS?						
3. 4.	HOW WOULD YOU RATE YOU		ALTH?	EXCEL	LENT GOOD POOR			
	HOW WOULD YOU RATE YOU	JR PRESENT DENTAL HEA			LENT GOOD POOR  EXCELLENT GOOD POOR			
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Ave you ever had a serious head or neck injury?  Yes No If yes  Ye	rev you ever had a serious head or neck liglury?  Yes No If yes  you take, or have you taken, Phen-Pen or Redux?  Yes No If yes  you can't provide for a my other  Yes No If yes  you are stockers or away on a serioul detr?  Yes No If yes  you are stockers or away of the following?  Active to away of the following?  Active to away of the following?  Active to away of the following?  Westall  Latex    Sulfe Drugs   Lacial Anesthetia  If yes      Mestall   Latex   Sulfe Drugs   Lacial Anesthetia    Mestall	Are you under a physician's	care now	0		○ Yes	O No	If yes						
a you taking any medications, pills, or drugs?  Yes No If yes  you use, or have you taken, Phen-Fen or Reduce?  Yes No If yes  To you use, Action or any other  Yes No If yes  Yes No If y	revou taking any medications, pills, or drugs?  Yes No 1 If yes  Yes No 2	ave you ever been hospita	lized or h	ad a ma	jor operation?	○ Yes	O No	If yes						
a you taking any medications, pills, or drugs?  Yes No If yes  you use, or have you taken, Phen-Fen or Reduce?  Yes No If yes  To you use, Action or any other  Yes No If yes  Yes No If y	revou taking any medications, pills, or drugs?  Yes No 1 If yes  Yes No 2	lave you ever had a seriou	s head o	r neck int	ury?	OYe-	○ No	If ve-						
a you take, or have you taken, Phen-Fen or Reduc?  Ves Ono  If yes  ver you are taken Fosamas, Boniva, Actoride or any other  ver on an a special dict?  Ves Ono  Ves Ono  Ves Ono  Ves Ono  Ves Ono  Ves Ono  If yes  Traking oral contraceptives?  T	ave you see taken free men and and any of the following?  Taking oral contraceptives?  Yes No  If yes  Yes No  If yes  Yes No  Yes No  If yes  Yes No  If yes  Taking oral contraceptives?  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  If yes  Taking oral contraceptives?  Yes No  If yes  Taking oral contraceptives?  Yes No  Yes No  Yes No  Yes No  If yes  Taking oral contraceptives?  Yes No  Yes No  If yes  Taking oral contraceptives?  Yes No  Norsing?  Taking oral contraceptives?  Yes No  Norsing?  Taking oral contraceptives?  Yes No  Acrylic  Local Anesthetics  If yes  If y					_	_	,-						
The you were taken Figurations, Donlary, Actornel or any other   Yes   Oho   If yes	and you are taken Foarance, Blonks, Actional or any other   Yes   No   If yes   If y	11/20/21				_	_							
restriction containing bisphapeshander?  Ves No  vou use tobacco?  Ves No  vou use tobacco?  Ves No  fyes  No you use controlled substances?  Ves No  vou use controlled substances?  Ves No  fyes  No you use controlled substances?  Ves No  fyes  No you use controlled substances?  Ves No  fyes  No you use controlled substances?  No you ase controlled substances?  No	remoti Are you	19:11/20												
Personal Are you  The proposition of the following?  Josephand/Tyving to get pregnant?  Jesphand/Tyving to get pregnant?  Jesphand/Tyving to get pregnant?  Jesphand/Tyving to get pregnant?  Jesphand/Tyving to get pregnant?  Jeshing oral contraceptives?  Jeshing oral contra	Personal Proposed Controlled substances?    Yes   No   If yes	nedications containing biss	hosphor	nates?	er or any other			Ir yes						
Tryes	men: Are you   PreparallyTrying to get pregnant?													
ment Are you   Pregnant/Trying to get pregnant?	ment Are you   Preparant/Trying to get pregnant?													
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?	o you use controlled subs	ances?			○ Yes	○No	If yes			-			-
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?													
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?													
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?													
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?													
Pregnant/Trying to get pregnant?	Pregnant/Tyrig to get pregnant?													
You alserge to any of the following?  Penicillin	Vest   Mercondition   Penicillin   Coderine   Acrylic   Coderine   Acrylic   Coderine   Acrylic   Coderine   Coderine   Acrylic   Coderine   Coderida		regnant?			Nursin	g?			Ота	king ora	contraceptives?		
	Pesicilia									0				
	Latex		following?											
If yes    If yes	If yes	Aspirin			_				_					
	you have, or have you had, any of the following?  AIDS/HTV Positive  Yes O No  Cortisone Medidine  Yes O No  Cortisone Medidine  Yes O No  Anaphylads  Yes O No  Anaphylads  Yes O No  Drug Addiction  Yes O No  Carely Winded  Yes O No  Easily Winded  Yes O No  Hopatitis 8 or C  Yes O No  Recal Dialysis  Yes O No  High Blood Fresaure  Yes O No  Scarlet Fever  Yes O No  High Cholesterol  Yes O No  High Blood Fresaure  Yes O No  High Cholesterol  Yes O No  High Cholesterol  Yes O No  High Cholesterol  Yes O No  High Blood Fresaure  Yes O No  Scarlet Fever  Yes O No  High Cholesterol  Yes O No  High Cholesterol  Yes O No  High Blood Fresaure  Yes O No  Scarlet Fever  Yes O No  High Cholesterol  Yes O No  High Blood Fresaure  Yes O No  Scarlet Fever  Yes O No  High Blood Fresaure  Yes O No  Scarlet Fever  Yes O No  Heart Tarouble/Disease  Yes O No  Ves O	Metal			Latex				Sulfa Drugs			Local Anesthetics		
NDS/HTV Portible	NESPHIT Position   Ves   No   Continuon Medidate   Ves   No   Nempolitia   V	Other?				0		If yes			7 19	gers and the second		
NDS/HTV Portible	NESPHIT Position   Ves   No   Continuon Medidate   Ves   No   Nempolitia   V													
	National   Ves   No						0*	0	lu-mantita	0*-	011-	Dadiation Treatment	Over	0
	Name	100000				inche								
Attentia	Annemia		_	_		,	_	_		_	_			
Angline	Angina													
Ves   No	Note   Control	Angina												
	Mattricial HeartValve	Arthritis/Gout			Epilepsy or Se	izures			High Cholesterol			Scarlet Fever	○ Yes	ON
Ves   No   Familing Spella/Disciness   Ves   No   Irregular Heartheat   Ves   No   Sinus Trouble   Ves   No   No   Irregular Heartheat   Ves   No   Sinus Trouble   Ves   No   No   No   No   No   No   No   N	Yes   No	Artificial Heart Valve							Hives or Rash			Shingles	○Yes	ON
		Artificial Joint	O Yes	O No	Excessive Thir	st	○Yes	ONo	Hypoglycemia	○Yes	ONo.	Sickle Cell Disease	○Yes	ON
		Asthma	OYes	○ No	Fainting Spells	s/Dizziness	○ Yes	O No	Irregular Heartbeat	○Yes	ON₀	Sinus Trouble	○Yes	ON
	Presthing Problems	Blood Disease	○ Yes	○ No	Frequent Cour	gh	-	_	Kidney Problems				-	-
	Oruse Essily	Blood Transfusion			Frequent Dian	rhea							- T	-
Cancer   C	Cancer									_	_			
Chemotherspy	Chemotherspy		_							_	_		_	
	Constraints	Cancer					_	_		100 100				
Cold Sores/Fever Blistars         O'res         No         Heart Murmur         O'res         No         Pain in Jaw Joints         O'res         No         Tumors or Growths         Yes         No           Congenital Heart Disorder         O'res         No         Heart Pacemaker         O'res         No         Parathyroid Disease         O'res         No         Ulcers         O'res         No           Convulsions         O'res         No         Paydhiatric Care         O'res         No         Venereal Disease         O'res         No	Cold Sores/Fever Bilitary		_	-		lation.	_	_			_			
Congenital Heart Disorder         Over One         No         Heart Pacemaker         Over One         No         Parathyroid Disease         Over One         Over One <t< td=""><td>Congenital Heart Disorder Ves No Heart Pacemaker Ves No Heart Trouble/Disease Ves No Heart Trouble/Disease Ves No Paychiatric Care Ves No Venereal Disease Ves Ord Ves Ord Ves Ord Venereal Disease Ves Ord Ves Ord Venereal Disease Ves Ord Ves O</td><td></td><td>_</td><td></td><td></td><td>enture</td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>	Congenital Heart Disorder Ves No Heart Pacemaker Ves No Heart Trouble/Disease Ves No Heart Trouble/Disease Ves No Paychiatric Care Ves No Venereal Disease Ves Ord Ves Ord Ves Ord Venereal Disease Ves Ord Ves Ord Venereal Disease Ves Ord Ves O		_			enture							-	
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	Yellow Jaundice Yes Of	Convulsions					_							
			0.0	0								Yellow Jaundice		
ave you ever had any serious illness not listed above? Yes No If yes		mments:												
	ments:													-
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	rementa:	the best of my knowledge, t	he questio	ons on th	is form have been	accurate	y answered	. I under	stand that providing incorre	ect informatio	on can b	e dangerous to my (or patient's	) health.	It is m
menta:		ponsibility to inform the dent	al office o	of any ch	anges in medical s	status.								
nments:  we hast of my incoelectus, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is m		gnature of Patient, Parent o	r Guardia	n:										
nments:  We best of my irrowledge, the cuestions on this form have been accurately answered. Lunderstand that providing incorrect information can be dangerous to my (or patient's) health. It is more different to form the contact office of any changes in medical status.	be best of my browledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is not													
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Reviewed By: (Signature) Date