Welcome Welcome

## WELCOME TO OUR PRACTICE

PATIENT INFORMATION				Date
□ Mr. □ Mrs. □ Ms. □ Dr. First Name	,M.	ILast Name	Ni	ckname
Sex: ☐ Male ☐ Female Birth Date _	Age So	c. Sec. #	E-mail	
Street	Ci	ty	State	Zip
Home Tel.()	Cell.()	Have you	ever been a patient of o	our practice?   Yes
Dentist				
Driver's Lic.#	Nearest relative not livi	ng with you	Tel.(	)
Employer	Rus Tel (	Persona	al Payment Type:   Cash	□ Check □ Credi
Who will be responsible for your acc (If self, skip to next section)	□ Self □ Spouse	☐ Father ☐ Mother	□ Other	
lame				
Street				
Employer				
			_ bus. ret.()	
pouse or other guarantor information				
lame				
treet				
mployer			Bus. Tel.()	1
INSURANCE INFORMATION				
tudent: 🗆 Full Time 🗆 Pa	rt Time	School Name/Address		
Married Divorced Le	gally Separated 🗆 Widow	□ Single		
mployed: 🗆 Full Time 🗆 Pa	rt Time 🗆 Retired	□ Not Do you belo	ong to a PPO or HMO?	Yes 🗆 No
PRIMARY DENTAL INSURANC	CE COMPANY	PRIMARY MED	ICAL INSURANCE C	OMPANY
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SECONDARY DENTAL INSUR.			EDICAL INSURANC	
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reet		Street		
reet ty, State, Zip S.		Street  City, State, Zip		

## HEALTH HISTORY

To our patients: Although oral surgeons primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have or medication that you may be taking, could have an important interrelationship with the care, that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

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Reason	for	today	1'0	offico	Wicit
I Cason	101	LUUa	v >	UITICE	VISII

99. Are you in good health?	Height	Weight	Yes	No
100. Have there been any changes in y	our general health in th	ne past year?		
101. Are you under the care of a physi		of last visit		
If so, for what are you being trea				
102. Have you had any illness, operation of the so, describe				
103. Do you have unhealed injuries or	inflamed areas, growths	s or sore spots in or		
around your mouth?If so, o	describe where	The state of the s		
104. Do you have a prosthetic joint/im	plant? If so, describe	where		
105. Have you had a heart valve replace	cement or vascular graft	t?		

	HAVE YOU HAD OR DO YOU CURRENTLY HAVE	Yes	No	NOTES
106	Rheumatic fever?			7
107	Damaged heart valves / mitral valve prolapse?			
108	Heart murmur?			
109	High blood pressure?			
110	Low blood pressure?			
111	Chest pain / angina?	int lide		
112	Heart attack(s)?			
113	Irregular heart beat?			
114	Cardiac pacemaker?			
115	Heart surgery?			
116	Bronchitis, chronic cough?			
117	Asthma?			
118	Hay fever / sinus problems?			
119	Snoring / sleep apnea?	5 285		
120	Difficult breathing / other lung trouble?			
121	Tuberculosis?	W-25-		
122	Emphysema?			
123	Do you smoke?			
124	Do you use chewing tobacco?			
125	Blood transfusion?			
126	Blood disorder such as anemia?			
127	Bruise easily?			
128	Bleeding tendency / abnormal bleed?			
129	Hepatitis, jaundice, or liver disease?			
130	Infectious mononucleosis?			
131	Gallbladder trouble?		MARIE SAN	
132	Fainting spells?		Hit Control	
133	Convulsions / epilepsy?		2 6 7 7 7	

	HAVE YOU HAD OR DO YOU CURRENTLY HAVE	Yes	No	NOTES
134	Stroke?			
135	Thyroid trouble?			
136	Diabetes?			
137	Low blood sugar?		15/15/	
138	Kidney trouble?			
139	Are you on dialysis?			
	Swollen ankles, arthritis or joint disease?			
141 9	Stomach ulcers?			
142 (	Contagious diseases?			
143 H	HIV / AIDS?			
144 9	sexually transmitted diseases?			
145 F	Problems with the immune system?		NEWS I	
146 [	Pelay in healing?			
147 A	tumor or growth?			
148 R	adiation therapy / chemotherapy?			
149 C	hronic fatigue / night sweats?			
150 A	re you on a diet?			
151 A	history of drug abuse?			
152 A	history of alcohol abuse?			
153 C	ontact lenses?			
154 E	ye disease / glaucoma?			
155 M	ental health problems?		12153	
156 A	removable dental appliance?			
157 Pa	ain and clicking of jaws when eating?			
158 M	alignant hyperthermia?			
159 T	YOU ARE HAVING SURGERY ODAY, have you had anything to at or drink in the last 6 hours?			
160 W	ho is driving you home?			

Are you now t					WC	MEN ONLY				
The second secon		Yes	No	NOTES	(2	20-223)		Yes	No	NOTES
201 Any kind of r	medication, drugs,			*	220	Is there a possibility of		763	140	NOTES
202 Blood thinne	ers Aspirin, Advil)?				221	Expected delivery dat	e	3.76		
	er taken diet pills?	1							ad not not	
204 Tranquilizers	s?				-	Are you nursing?				
	roduct, herbal					Are you taking birth c	The state of the s	-6.30	3- x 350	
supplement o	or homeopathic remedy ny other medications		4 -1 -		Won	nen Note: Antibiotics (suc birth control pil	n as penicillin) r	nay alt	er the e	ffectiveness of
200 Ticase tist at	ly other medications	you are	taking:			assistance regar	ding additional	metho	ds of bir	th control.
-					- Land and the relationship of the contract of					
					ls there a	ny condition concerni	ng your healtl	ı that	the Do	ctor should
					☐ Yes	□ No (if so, describe				
ALLERGIES					1	ish to speak to the doo	tor privately	about	anythi	ng?
Are you allerg had a reaction		Yes	No	NOTES		□ No	¥		Zonang managang a	
	netic (numbing med.)		NO	NOTES	Is there a	FAMILY HISTORY of:				□ Yes □ N
208 Penicillin?			and the second		NOTES ATTENDED		302. Diabetes 303. Heart Di			□ Yes □ N
209 Other antibi	otics?	II October 11					304. Anesthet			☐ Yes ☐ N
210 Sulfa Drugs?			E LEGIS		IN CASE C	F EMERGENCY, CONTA		Printer of the Control of the Contro		
211 Sodium pent	othal, Valium,		C. Latinat			,				
or other tran	nquilizers?				Home Tel	()				
212 Aspirin?		A LONG			Bus. Tel.(	)				
	other narcotics?				IS THIS VI	SIT RELATED TO AN AC	CIDENT? A			
214 Other medicates 215 Latex?	ations?		distributes.				Wo	tomob ork Re		☐ Yes ☐ N
EXCENTING STREET		P-1-92			Date of In	jury		her:		□ Yes □ N
216 Soy?	KALLUKE	42.1	1,10		Insurance	company handling this o	rlaim			
217 Eggs / Yolk?		-7 -21				ber				
218 Sulfites? 219 Please list an	ny allergies other than	drug a	llergies		1	ttorney / Adjustor				
	, and great other than	r drug d	mergies.			Number ()				
certify that I have n	ead and I understand tl	he guest	tions abo	ve. I acknowledge that r	my questions if	any about the inquirior	sot forth abou			
and make I make I	ic flotd fify surgeon, or a	any othe	r membe	er of his / her staff, respo	onsible for any e	errors or omissions that I	have made in t	e nave he cor	npletio	answered to m n of this form.
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