

Health History & Registration

PATIENT

PATIENT'S NAME Last			11131			Sex: IVI F BILLII		
Soc. Sec.#If F	atient	is a m	ninor, give Parent or Guardi	ian's n	ame		Today's Date	
Who may we thank for referr								
			RESPONSIBLE	E PAR	RTY IN	IFORMATION		
NAME Last			First			MI	Marital status	
RESIDENCE Street			Apt#	City	/	Sta	ateZip	
MAILING ADDRESS Street								
HOW LONG AT THISS ADDRES	SS		Home Phone	e #		Ce	ll Phone #	
Work Phone#			E-Mail					
Soc. Sec. #	B	irth da	te Drivers	License	e #	Rela	ation to patient	
Employer			Occupation			No.	yrs employed	
			RESPONSI	RIFC) A R T	V SDOLISE		
NAME Last		Eirc+					Soc Sec #	
NAME Last		- FII St -	Occupation IVII	bi	ıı tıı ud	رد	JUL. JEL. # No vrs amployed	
Employer Home Phone#		II Dha	Occupation	Dhono!		I	ivo. yrs employeu	
Home Phone#	(:II P110	IIC# WORK I	-none	#	E-IVIƏII_		
			EMERGENCY CONT	TACT	NOT	LIVING WITH Y	′ OU	
Name			Relationship			Home	Phone#	
ame Relationship ddress City, State, Zip						Cell Phone #		
Address			City, State, Zip			Cell Ph	one #	
Address			City, State, Zip				one #u have or have had the f	
Address					N N			
Address		N	MEDICAL HISTO Do you have any current health problems? Are you under the care of	RY	N	Please circle if you	u have or have had the f	following:
DENTAL HISTORY Date of last full mouth X-Ray			MEDICAL HISTO Do you have any current health problems?	RY Y	N	Please circle if you AIDS Anaphylaxis Anemia	u have or have had the f Circulatory Problems Heart issues	ollowing: Stroke Tonsillitis Ulcer
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now?			MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician?	RY Y	N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor?	Y	N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what?	RY Y	N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic	Liver disease Nervous problems Liver disease Nervous problems	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What?	Y	N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t	RY Y	N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems	Liver disease Nervous problems Nervous problems Neart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches,	Y	N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what?	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease	Liver disease Nervous problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains?	Y	N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you the series of the serie	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems	Liphave or have had the formulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your	Y	N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures?	Y Y Y	N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your	Y	N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures? Would you like to know about	Y Y Y	N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State: Family physician:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough Cough blood Food allergies	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever Shingles Short of breath	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies Rash Cancer
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures? Would you like to know about permanent replacements?	Y Y Y Y Y	N N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State: Family physician: Phone:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough Cough blood Food allergies	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever Shingles Short of breath Thyroid disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies Rash Cancer
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures? Would you like to know about permanent replacements? Are you apprehensive about dental treatment? Have you had any periodontal	Y Y Y Y Y	N N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State: Family physician:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough Cough blood Food allergies	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever Shingles Short of breath Thyroid disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies Rash Cancer
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures? Would you like to know about permanent replacements? Are you apprehensive about dental treatment? Have you had any periodontal (gum) treatments?	Y Y Y Y Y Y	N N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State: Family physician: Phone:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough Cough blood Food allergies ARE YOU ALLERG ADVERSELY TO A	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever Shingles Short of breath Thyroid disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies Rash Cancer
DENTAL HISTORY Date of last full mouth X-Ray Are you having problems now? What? Is your dental health poor? Do you have headaches, earaches or neck pains? Do you wear dentures? Are you unhappy with your dentures? Would you like to know about permanent replacements? Are you apprehensive about dental treatment? Have you had any periodontal	Y Y Y Y Y	N N N N	MEDICAL HISTO Do you have any current health problems? Are you under the care of a physician? For what? What medications are you t Are you pregnant? Do you use cigarettes or chewing tobacco Name of previous dentis City: State: Family physician: Phone:	RY Y Y aking?	N N	Please circle if you AIDS Anaphylaxis Anemia Arthritis Artificial joints Asthma Atopic Back problems Blood disease Chemotherapy Headaches Cortisone Tx Cough Cough blood Food allergies ARE YOU ALLERG ADVERSELY TO A	u have or have had the f Circulatory Problems Heart issues Hemophilia Kidney disease Liver disease Nervous problems Psychiatric care Weight gain Weight loss Radiation Tx Respiratory disease Scarlet fever Shingles Short of breath Thyroid disease	Stroke Tonsillitis Ulcer Tuberculosis Swelling Diabetes Epilepsy Fainting Herpes Hepatitis Jaw pain Glaucoma Allergies Rash Cancer

_ Dentist Signature_

Patient Signature