

Please answer the following questions as accurately as possible. This information is necessary in providing our best service to you, and of course, is confidential.

Date _____

Patient's Name _____ Age _____
Home Address _____ Sex _____
City _____ State _____ Zip _____
Telephone: Home _____ Marital Status _____ Birthdate _____
Cell _____ Work _____ Email Address _____
Employed By: _____ Social Security No. _____
Insured's Name: _____ Insured's Employer: _____
Insured's Social Security No. _____ Insured's Birthdate _____
Your Physician's Name: _____ Phone _____
Your Dentist's Name: _____ Phone _____
Whom shall we thank for recommending us to you? _____
Have you, or other family members been our patient before? _____
Dental Insurance Name _____
Subscriber No. _____
Plan _____

1. Are you under the care of a physician at present? _____
What for? _____ Last seen? _____
2. Are you allergic to any drugs or medicine? _____
What? _____
3. Are you taking any medicine at present? _____
What? _____
4. Are you in good health? _____
5. Have you had any of the following?

	Yes	No
HIV Status (Aids) _____	_____	_____
Asthma or Lung Disease _____	_____	_____
Heart Murmur _____	_____	_____
High Blood Pressure _____	_____	_____
Rheumatic Fever _____	_____	_____
Kidney disease _____	_____	_____
Diabetes _____	_____	_____
Anemia or blood disease _____	_____	_____
Prolonged bleeding _____	_____	_____
Liver disease or hepatitis _____	_____	_____
Chest pains _____	_____	_____
Fainting spells _____	_____	_____
Venereal disease _____	_____	_____
Epilepsy _____	_____	_____
Major operation _____	_____	_____
Radiation treatments _____	_____	_____
Glaucoma _____	_____	_____
Ulcers _____	_____	_____
Hives or skin rash _____	_____	_____
Stroke _____	_____	_____
Cardiovascular disease (Heart attack) _____	_____	_____
Arteriosclerosis _____	_____	_____
Cancer _____	_____	_____
6. Do you have a cold or the flu now? _____
7. Are you pregnant? _____
8. Have you taken steroids? (ACTH, CORTISONE) _____
9. **Do you have any health problems not listed above?** _____
10. In the event that this account is assigned to an agency or attorney for collection and/or suit, the responsible party will incur all costs of collection including reasonable attorney fees (33 1/3%).

Signature _____