

WELCOME

ABOUT YOU

Today's Date: _____ NAME: _____ Nickname: _____

Birthdate: ___/___/___ Age: _____ SS#: _____ E-Mail: _____

Home Address: _____ Apt.# _____ City _____ State _____ Zip _____

Male Female Single Married Divorced Widowed Separated Partnered

Home Phone : () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____ Ext. _____
(If your phone number is disconnected and we are unable to contact you with another phone number, your appointment will be cancelled)

Employer: _____ Driver's License #: _____ St: _____

Emergency Contact: _____ Relationship: _____ Phone Number () _____ - _____

Who may we thank for referring you to our office? Pt. name _____ Website Radio (which station) _____
Other Referral Source _____

DO YOU HAVE MEDICAL INSURANCE? YES NO

INSURANCE COMPANY NAME _____

Member Employer: _____

Member: _____ Date of Birth: _____ SS#: _____

Member Address _____ City _____ State _____ Zip Code _____

Member ID#: _____ Group#: _____

DO YOU HAVE DENTAL INSURANCE? YES NO

INSURANCE COMPANY NAME _____

Member Employer: _____

Member: _____ Date of Birth: _____ SS#: _____

Member Address _____ City _____ State _____ Zip Code _____

Member ID#: _____ Group#: _____

DO YOU HAVE A SECONDARY DENTAL INSURANCE PLAN? YES NO

INSURANCE COMPANY NAME _____

Member Employer: _____

Member: _____ Date of Birth: _____ SS#: _____

Member Address _____ City _____ State _____ Zip Code _____

Member ID#: _____ Group#: _____

PLEASE PRESENT YOUR MEDICAL AND DENTAL INSURANCE CARD TO THE RECEPTIONIST

MEDICAL HISTORY

Physicians Name: _____ Phone: () _____ - _____ Date of Last Visit _____/_____/_____

Are you currently under your physicians care? Please explain _____

Your current physical health is: Good Fair Poor

Are you taking any blood thinners such as **COUMADIN, WARFARIN, PLAVIX or ASPIRIN DAILY?** Yes No

Are you taking any **Prescription/Over the Counter, Vitamins or Herbal Supplement drugs?** Yes No

Please list each one: _____

Do you smoke or use tobacco in any other form? Yes No

Have you ever taken Phen-Phen? (Also known as Redux or Pondimin) Yes No When? _____

For Women: Are you taking birth control pills: Yes No

Are you pregnant? Yes No Wk. # ____ Are you nursing? Yes No

