## **DENTAL REGISTRATION AND HISTORY**

PATIENT INI	FORMAT	ION	D	ENT	AL INSURANCE			
Date		W	ho is res	nonsible	for this account?			
SS/HIC/Patient ID #					ent			
Patient Name		surance						
Last Name				CO				
First Name		Middle Initial	roup #					
Address		ls			by additional insurance? ☐ Yes ☐ No			
E-mail		Si	ubscriber	's Name				
City		Bi	rthdate _		SS#			
	7: -	Re	elationshi	ip to Pati	ent			
State		In	Insurance Co					
Sex M F Age	G	Group #						
Birthdate		AS	SIGNME	NT AND R	ELEASE			
☐ Married ☐ Widowed	☐ Single	☐ Minor	certify that	at I, and	/or my dependent(s), have insurar	nce coverage with		
☐ Separated ☐ Divorced	☐ Partnered	for years	1	Name of Ir	and	d assign directly to		
Patient Employer/School		Dr				nsurance benefits, if		
Occupation		an	y, otherwi		e to me for services rendered. I un for all charges whether or not paid by ir	derstand that I am		
Employer/School Address					e on all insurance submissions.	isararico. I adiriorizo		
					tist may use my health care information			
Employer/School Phone ()		for	the purp	ose of ob	e above-named Insurance Company(is taining payment for services and def	termining insurance		
Spouse's Name		be my	netits or the current tr	ne benetit eatment p	s payable for related services. This con lan is completed or one year from the	date signed below.		
Birthdate			Signa	ture of Pa	tient, Parent, Guardian or Personal Re	presentative		
SS#								
Spouse's Employer			Please pri	int name o	of Patient, Parent, Guardian or Persona	I Representative		
Whom may we thank for referring	you?			Date	Relationship t	to Patient		
PHONE NUM	IBERS							
Home ()		Work ( )		Ext	Cell Phone ()			
				LAI	Cell I Holle (			
Spouse's Work () IN CASE OF EMERGENCY, COI	NTACT (Specify	Best time and place to reach you someone who does not live in you		old.)				
Name	(		onship	,				
Home Phone ( )	-		Phone (	1				
Trome Priorie ()		VVOIK	none (					
DENTAL HIS	TODV	<u> </u>						
	TOKI							
Reason for today's visit		Burning sensation on tongue	Yes		Mouth breathing	Yes No		
		Chew on one side of mouth Cigarette, pipe, or cigar smoking	☐ Yes	□ No	Mouth pain, brushing Orthodontic treatment	☐ Yes ☐ No		
Former Dentist		Clicking or popping jaw	Yes	□No	Pain around ear	☐ Yes ☐ No		
City/State	Dry mouth	Yes	□No	Periodontal treatment	☐ Yes ☐ No			
Date of last dental visit		Fingernail biting Food collection between the teeth	☐ Yes	☐ No	Sensitivity to cold Sensitivity to heat	☐ Yes ☐ No		
Date of last dental X-rays	Foreign objects	☐ Yes	□ No	Sensitivity to sweets	Yes No			
Place a mark on "yes" or "no" to it	ndicate if you	Grinding teeth	Yes	□No	Sensitivity when biting	☐ Yes ☐ No		
have had any of the following:	□Vec □Ni	Gums swollen or tender		□ No	Sores or growths in your mouth	☐ Yes ☐ No		
Bad breath Bleeding gums	☐ Yes ☐ No	Jaw pain or tiredness Lip or cheek biting	☐ Yes	□ No	How often do you floss?			
Blisters on lips or mouth	Yes No	Loose teeth or broken fillings	_	□ No	How often do you brush?			

HEALTH H	1151	JILI							
Physician's Name				Date of last visit					
					include co	ombinations of Ionimin, Adipex, F	astin (brand	i	
Place a mark on "yes" or "no"	to indica	te if you ha	ive had any of the following	g:					
AIDS/HIV	Yes	□No	Epilepsy	☐ Yes	□ No	Respiratory Disease	☐ Yes [	□ No	
Anemia	☐ Yes	□ No	Fainting or dizziness	Yes	□ No	Rheumatic Fever	☐ Yes [	□ No	
Arthritis, Rheumatism	Yes	□ No	Glaucoma	Yes	☐ No	Scarlet Fever	☐ Yes [	□ No	
Artificial Heart Valves	☐ Yes	□ No	Headaches	☐ Yes	☐ No	Shortness of Breath	☐ Yes [	□ No	
Artificial Joints	Yes	☐ No	Heart Murmur	Yes	☐ No	Sinus Trouble	☐ Yes [	□ No	
Asthma	Yes	□ No	Heart Problems	Yes	□ No	Skin Rash	☐ Yes [	□ N	
Back Problems	☐ Yes	☐ No	Hepatitis Type	Yes	□ No	Special Diet		□ N	
Bleeding abnormally, with	Yes	□ No	Herpes	Yes	□ No	Stroke			
extractions or surgery Blood Disease	Yes	□No	High Blood Pressure	Yes	□ No	Swollen Feet or Ankles			
Cancer	☐ Yes	□No	Jaundice	☐ Yes	□ No	Swollen Neck Glands			
Chemical Dependency	Yes	□No	Jaw Pain	Yes	□ No	Thyroid Problems			
Chemotherapy	Yes	□No	Kidney Disease	Yes	□ No	Tonsillitis	_		
Circulatory Problems	Yes	□No	Liver Disease	Yes	□ No	Tuberculosis			
Congenital Heart Lesions	☐ Yes	□No	Low Blood Pressure	Yes	□ No	Tumor or growth on head or neck	☐ Yes [		
Cortisone Treatments	Yes	□No	Mitral Valve Prolapse Nervous Problems	Yes	□ No	Ulcer	☐ Yes [	□ N	
Cough, persistent or bloody	Yes	□No	Pacemaker	Yes	□ No	Venereal Disease		□ N	
Diabetes	☐Yes	□No	Psychiatric Care	☐ Yes	□ No	Weight Loss, unexplained		□ N	
Emphysema	Yes	□No	Radiation Treatment	☐ Yes	□No				
MEI	DICA	TION	S	ALLERGIES					
ist any medications you are is:	currently	taking and	the correlating diagno-	☐ Aspirin		☐ Local Anesthe	tic		
				Barbiturate	es (Sleepir				
				☐ Codeine ☐ Sulfa					
Pharmacy Name	Page 1 1 may 1/2 miles	b you see a see a		☐ Iodine ☐ Other					
Phone ()				☐ Latex					
<b>O</b> UPDATES	(To be	filled in	at future appointmen						
			at future appointmen	nts)	No				
Has there been any change i				nts)	No				
Has there been any change in For what conditions?	in your he	alth since	your last dental appointme	nts)	No				
Has there been any change in For what conditions?  Are you taking any new mediane	in your he	alth since	your last dental appointme	nts)	No	Date			
Has there been any change in For what conditions?  Are you taking any new meding any new meding and new meding	in your he	alth since	your last dental appointme	nts)	No	Date			
Has there been any change in the state of th	in your he	alth since	your last dental appointme	nts)	No	_			
Has there been any change in For what conditions?  Are you taking any new medit Patient's Signature  Doctor's Signature	in your he	alth since	your last dental appointme	nts)		_			
Has there been any change in For what conditions?  Are you taking any new medical Patient's Signature	in your he	alth since	your last dental appointme	nts)		_	•••••		
Has there been any change in For what conditions?  Are you taking any new median Patient's Signature  Doctor's Signature  Has there been any change in For what conditions?	in your he	alth since	your last dental appointme  If so, what? your last dental appointme	nts)		_	•••••	• • • •	
UPDATES  Has there been any change if  For what conditions?  Are you taking any new medi  Patient's Signature  Doctor's Signature  Has there been any change if  For what conditions?  Are you taking any new medi  Patient's Signature	in your he	alth since	your last dental appointme  If so, what? your last dental appointme	nts)		_			