HEALTH INFORMATION

Name: ____ **Date of Birth:**_________________

Have you ever had or do you now have any of the following: (Check all that apply)

◯ Heart Trouble ◯ Stroke ◯ Tuberculosis ◯ Cancer
◯ Kidney or Liver disease ◯ Anemia ◯ Heart Murmur ◯ Ulcers
◯ Hepatitis ◯ Epilepsy ◯ Diabetes ◯ Rheumatic or Scarlet Fever
◯ Low Blood Pressure ◯ Asthma ◯ STD ◯ High Blood Pressure
◯ Chemotherapy ◯ Pacemaker ◯ Bleeding Disorder
◯ HIV+Test (AIDS Virus) ◯ Nervous Disorders ◯ Chemical Dependency
◯ Reaction to Metal Jewelry ◯ Implants (valve,Hip,Etc)
◯ Radiation Treatment ◯ Drug Reactions/ Allergies: ______________________________

Are you in good health? ◯ YES ◯ NO Females: Are you Pregnant? ◯ YES ◯ NO
Have you ever been told you need to take a Premedication? ◯ YES ◯ NO
If yes, what? ____
Are you currently taking any medication(s) Including aspirin / herbal? ◯ YES ◯ NO
If yes, list all medications:____
Have you been admitted to a hospital/ needed emergency care in the past two years? ◯ YES ◯ NO
If yes, please explain:____
Are you currently under the care of a physician? ◯ YES ◯ NO
If yes, please explain:____
Do you have any health problems that need further clarification? ◯ YES ◯ NO
If yes, please explain: ____
Are you bothered by overly sensitive teeth? ◯ YES ◯ NO ...frequent cold/canker sores? ◯ YES ◯ NO
Would You like fresher breath? ◯ YES ◯ NO Would You like whiter teeth? ◯ YES ◯ NO

Name of Physician: ____**Phone:**___________________

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I have any change in my health, I will inform Forest City Dental at the next appointment without fail.

X ____Date_______________
Signature of patient, parent, or guardian

Referral Information
Whom may we thank for referring you to our practice? ◯ Another patient ◯ Dental Office ◯ Website
◯ Yellow Pages ◯ Newspaper ◯ School ◯ Work ◯ Other: _____________________________
Name of the person or office referring you to our practice:_____________________________________

Dental History
Name of Former Dentist :______________________________Reason for changing:_________________