

PATIENT REGISTRATION
Under 18

Patient's Name _____ Today's Date _____

Date of birth _____ Age _____

Home Address _____
_____ zip

Parent's name(s) _____
Parent employed by _____
Business Address _____
_____ zip

Contact
Phone: _____ home _____ work _____ cell

Patient's SSN _____
Who will pay this account _____
Who referred you to us _____
Reason for today's visit _____
Name of previous
dentist _____

Primary Dental Insurance

subscriber _____
subscriber's SSN _____
subscriber's DOB _____
policy # _____

Secondary Dental Insurance

subscriber _____
subscriber's SSN _____
subscriber's DOB _____
policy # _____

MEDICAL INFORMATION

Name of physician _____ telephone # _____

Check those that apply:

	YES	NO
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Tests for the HIV virus	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal bleeding from a cut	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Artificial heart valve	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Artificial joints	<input type="checkbox"/>	<input type="checkbox"/>
Radiation therapy for cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to:		
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>
Local anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Latex	<input type="checkbox"/>	<input type="checkbox"/>
Anything else _____		

What medications are taken?

Are there any other dental or medical concerns we should be aware of?

Updates:

