

MEDICAL HISTORY SHEET

NAME _____ AGE _____ DOB _____

PHONE HOME _____ WORK _____ CELL _____

ADDRESS _____ ZIP _____

EMAIL _____ Marital Status _____ SS# _____

MEDICAL ALERTS (office use only) _____

Please list current medications you are taking.

Are you allergic to any medications? _____

Have you ever taken any biphosphonates? _____
(Examples are: Aredia, Boniva, Fosamax, Actonel or Zometa)

Have you ever taken any blood thinners? _____
(Examples are: Coumadin, Plavix)

(Women only) Are you pregnant? _____

Circle any of the following that you have or have been diagnosed with:

- | | | |
|-------------------------|------------------------|---------------------|
| Arthritis | Hepatitis or Jaundice | Prolonged Bleeding |
| Rheumatic Fever | Liver Disease | Fainting Tendency |
| Heart Trouble | Cancer or Tumor | Epilepsy |
| Heart Murmur | Tuberculosis | Thyroid Disease |
| High/Low Blood Pressure | Diabetes | Glaucoma |
| Chest Pain | Kidney/Bladder Trouble | Radiation Therapy |
| Stroke | Anemia | Shortness of Breath |
| Lung Disease | HIV or AIDS | Blood Transfusion |
| Asthma or Hay Fever | Blood Disease | Prosthetic Joint |
| Sinus Trouble | Latex Allergy | Replacement |

How did you hear about our office? _____

The above information is true to the best of my knowledge.

Signature _____

PRIMARY DENTAL INSURANCE

Subscriber's name _____ Relationship _____

Subscriber's SS# _____ Subscriber's DOB _____

Employer _____

Plan Name _____ Group # _____

SECONDARY DENTAL INSURANCE

Subscriber's name _____ Relationship _____

Subscriber's SS# _____ Subscriber's DOB _____

Employer _____

Plan Name _____ Group# _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Print Name _____

Signature _____ Date _____

For Office Use Only

**We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices, but acknowledgement could not be obtained because:**

- ___ Individual refused to sign
- ___ Communication barriers prohibited obtaining the acknowledgement
- ___ An emergency situation prevented us from obtaining acknowledgement
- ___ Other (Please Specify) _____