

HEALTH HISTORY & REGISTRATION

CHART ID#____

ATIENT'S NAME: Last									
DDRESS:					_ CITY, STA	TE, ZIP			
OME PHONE:			WORK PHONE:			C	ELL / PAGER		
EX: M F							C.#		
1ARITIAL STATUS:		DRIVER'S	S LICENSE #						
MPLOYER				OCCUPAT					MPLOYE
NSURANCE SUBSCRIBE	ER (IF	SOMEONE O	THER THAN	THE PATIEN	T) RE	LATION TO	PATIENT		
AME: Last									iddle
DDRESS:									
OME PHONE:									
RTH DATE/									
ESPONSIBLE PARTY IS AL			RY INSURANCE				NDARY INSURANCE		
PRIMARY INS							Y INSURANCE IN		
AME OF INSURED:									
MPLOYER:									
ADLONEDIC ADDDECC.						S ADDITESS.			
S. COMPANY ADDRESS: _ is important that we know	about y	our Medical hi	istory. These fac	cts have a dire	INSURANCE INS. COMPA	COMPANY: NY ADDRESS your dental h	S:		
SURANCE COMPANY: S. COMPANY ADDRESS: is important that we know d will not be released to an re you under a physician's ave you ever been hospital re you taking medications,	about ynyone w care? ized or pills, or	our Medical hivithout your pe had a major op	istory. These factorission. Thank	cts have a dire	INSURANCE INS. COMPA	COMPANY: NY ADDRESS your dental howing question	S:	tion is st	rictly con
is important that we know d will not be released to an eyou under a physician's ave you ever been hospital re you taking medications, re you taking alendronate	about ynyone wcare? ized or pills, or (fosama	our Medical hivithout your pe had a major op	istory. These factorission. Thank	cts have a direk you for answ YES	INSURANCE INS. COMPA ext bearing on vering the foll NO	COMPANY: NY ADDRESS your dental howing question N/A	S: nealth. This informations.	tion is st	rictly con
is important that we know dwill not be released to an eyou under a physician's ave you ever been hospital re you taking medications, re you taking alendronate or women: are you pregnant.	about ynyone w care? ized or pills, or (fosama	your Medical hivithout your pe had a major op r drugs? ax) or risedron	istory. These factorission. Thankereration?	cts have a direk you for answ YES	INSURANCE INS. COMPA ext bearing on vering the foll NO	COMPANY: NY ADDRESS your dental howing questing nickets N/A	S:nealth. This informations.	tion is st	rictly con
is important that we know and will not be released to an are you under a physician's ave you ever been hospital re you taking medications, re you taking alendronate or women: are you pregname you use cigars/cigarettes or you use controlled substates.	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances?	your Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob	istory. These factorission. Thankereration?	cts have a direk you for answ YES	INSURANCE INS. COMPA ext bearing on vering the foll NO	COMPANY: NY ADDRESS your dental howing questing n/A	S:nealth. This informations.	tion is st	rictly con
is important that we know is important a physician's are you under a physician's are you ever been hospital re you taking medications, re you taking alendronate or women: are you pregnant you use cigars/cigarettes or you use controlled substant you allergic to any of the Aspirin Penicilling	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? □ Codeine	istory. These factorission. Thankereration?	cts have a dire	INSURANCE INS. COMPA	COMPANY: NY ADDRESS your dental howing questing n/A	S:nealth. This informations.	tion is st	rictly con
is important that we know divide will not be released to an re you under a physician's ave you ever been hospital re you taking medications, re you taking alendronate or women: are you pregname you use cigars/cigarettes to you use controlled substate you allergic to any of the Aspirin Penicilling you have, or had any of the	about ynyone w care? ized or pills, or (fosamate) s, pipe, or ances? e follow the follow	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? □ Codeine owing?	istory. These factorission. Thankereration? ate(actonal)? acco?	cts have a dire	INSURANCE INS. COMPA ect bearing on vering the foll NO	your dental howing questin/A	S:	tion is st	rictly con
SURANCE COMPANY: S. COMPANY ADDRESS: is important that we know d will not be released to an re you under a physician's rave you ever been hospital re you taking medications, re you taking alendronate or women: are you pregnan to you use cigars/cigarettes to you use controlled substate re you allergic to any of the Aspirin Penicilling to you have, or had any of the ASPIRINE POSITIVE	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? □ Codeine	istory. These factormission. Thankereration? ate(actonal)? acco? Latex Heart Dise	cts have a dire	INSURANCE INS. COMPA	your dental howing questin/A	S: nealth. This informations. □ Other Bruise Easily	tion is st	rictly con
SURANCE COMPANY: S. COMPANY ADDRESS: is important that we know d will not be released to an e you under a physician's ave you ever been hospital e you taking medications, e you taking alendronate r women: are you pregnan you use cigars/cigarettes you use controlled substate you allergic to any of the Aspirin Penicilling you have, or had any of the DS/HIV Positive ugina Pectoris	about ynyone w care? ized or pills, or (fosamate) s, pipe, or ances? e follow the follo YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? □ Codeine owing? NO	istory. These factormission. Thank peration? ate(actonal)? acco? Latex Heart Dise Hepatitis A	cts have a dire	INSURANCE INS. COMPA cet bearing on vering the foll NO Local YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema	YES	NO
s important that we know divide will not be released to an eyou under a physician's ve you ever been hospital eyou taking medications, eyou taking alendronater women: are you pregnant you use cigars/cigarettes you use controlled substate you allergic to any of the Aspirin Penicilling you have, or had any of the DS/HIV Positive gina Pectoris gh Blood Pressure	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow he follo YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? Codeine owing? NO	istory. These factorission. Thank peration? ate(actonal)? acco? Latex Heart Dise Hepatitis A Hepatitis F	cts have a dire	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis	YES	NO
SURANCE COMPANY: S. COMPANY ADDRESS: s important that we know d will not be released to an e you under a physician's ve you ever been hospital e you taking medications, e you taking alendronate r women: are you pregnan you use cigars/cigarettes you use controlled substa e you allergic to any of the Aspirin Penicillin you have, or had any of to DS/HIV Positive gina Pectoris gh Blood Pressure art Murmur	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow he follo YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? Codeine owing? NO	istory. These factorission. Thank peration? ate(actonal)? acco? Latex Heart Dise Hepatitis A Hepatitis Hepatitis Hepatitis G	cts have a direk you for answ YES D D Metal case/Attack A (infectious) B (serum)	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma	YES	NO
SURANCE COMPANY: S. COMPANY ADDRESS: s important that we know I will not be released to an e you under a physician's we you ever been hospital e you taking medications, e you taking alendronate women: are you pregnan you use cigars/cigarettes you use controlled substate you allergic to any of the aspirin Penicillin you have, or had any of the DS/HIV Positive gina Pectoris the Blood Pressure art Murmur eumatic Fever	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow the follo YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional is acco? Interactional is according to the partitis of the patitis	cts have a direk you for answ YES D D Metal case/Attack A (infectious) G (serum) C case	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever	YES	NO
SURANCE COMPANY: S. COMPANY ADDRESS: s important that we know I will not be released to an e you under a physician's we you ever been hospital e you taking medications, e you taking alendronate women: are you pregnan you use cigars/cigarettes you use controlled substate you allergic to any of the aspirin Penicillin you have, or had any of the DS/HIV Positive gina Pectoris the Blood Pressure art Murmur eumatic Fever ingenital Heart Lesions	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow the follo YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional)? Interactional interactions. Interactional interactions.	cts have a direk you for answ YES D D Metal case/Attack A (infectious) G (serum) C case nsfusion	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles	YES	NO
SURANCE COMPANY: S. COMPANY ADDRESS: s important that we know I will not be released to an e you under a physician's we you ever been hospital e you taking medications, e you taking alendronate women: are you pregnan you use cigars/cigarettes you use controlled substate you allergic to any of the aspirin Penicillin you have, or had any of the DS/HIV Positive gina Pectoris the Blood Pressure art Murmur eumatic Fever ingenital Heart Lesions aral Valve Prolapse	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your pe had a major op r drugs? ax) or risedron or chewing tob ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional)? Interactional interactions. Interactional interactions.	cts have a direk you for answ YES D D Metal Case/Attack A (infectious) S (serum) C Case Insfusion Interior of the control of	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives	YES	NO
SURANCE COMPANY: S. COMPANY ADDRESS: s important that we know d will not be released to an e you under a physician's ve you ever been hospital e you taking medications, e you taking alendronate women: are you pregnan you use cigars/cigarettes you use controlled substa e you allergic to any of the Aspirin Penicillin you have, or had any of the DS/HIV Positive gina Pectoris gh Blood Pressure art Murmur eumatic Fever ngenital Heart Lesions tral Valve Prolapse ificial Heart Valve	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional)? Interactional interactional interactions. Interactional interactional interactions. Interactional interact	cts have a direk you for answ YES D D Metal case/Attack A (infectious) B (serum) C case nsfusion iction ia (Bleeding P	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives	YES	NO
surance company: s. company address: s important that we know d will not be released to an e you under a physician's ve you ever been hospital e you taking medications, e you taking alendronate r women: are you pregnan you use cigars/cigarettes you use controlled substa e you allergic to any of the Aspirin Penicillin you have, or had any of t DS/HIV Positive gina Pectoris gh Blood Pressure art Murmur eumatic Fever ngenital Heart Lesions tral Valve Prolapse tificial Heart Valve art Pacemaker	about ynyone w care? ized or pills, or (fosama it? s, pipe, or mees? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional)? Interactional interactional interactions. Interactional interaction interactions. Interactional interaction interaction interaction interaction. Interaction interaction interaction interaction interaction. Interaction interaction interaction interaction interaction. Interaction interaction interaction interaction interaction interaction. Interaction interaction interaction interaction interaction interaction. Interaction interaction interaction interaction interaction interaction interaction. Interaction in	cts have a direk you for answ YES D D D Metal Case/Attack A (infectious) S (serum) C Case Insfusion Interior in the control of the control	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives Diabetes Thyroid Disease	YES	NO
s important that we know d will not be released to an e you under a physician's we you ever been hospital e you taking medications, e you taking alendronater women: are you pregnant you use cigars/cigarettes you use controlled substate you allergic to any of the Aspirin Penicilling you have, or had any of the DS/HIV Positive using Pectoris gh Blood Pressure lart Murmur eumatic Fever lart Murmur eumatic Fever lart Valve Prolapse tificial Heart Valve art Pacemaker art Surgery	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thank peration? Interaction? Interactional)? Interactional interactional interactions. Interactional interactional interactions. Interactional interactional interactions. Interactional interactional interactions. Interactional interactional interactional interactions. I	cts have a direk you for answ YES D D D Metal Case/Attack A (infectious) S (serum) C Case Insfusion Interior in the control of the control	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES	your dental howing questin/A Anesthetics	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives Diabetes Thyroid Disease Radiation Therapy	YES	NO
is important that we know d will not be released to an e you under a physician's are you ever been hospital e you taking medications, e you taking alendronater women: are you pregnant by you use cigars/cigarettes by you use controlled substate you allergic to any of the Aspirin Penicilling you have, or had any of the DS/HIV Positive agina Pectoris gh Blood Pressure that Murmur the properties are the properties and the properties are the propertie	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thankoveration? Interaction? Interaction? Interactional)? Interactional Intera	cts have a direk you for answ YES D D D Metal Case/Attack A (infectious) B (serum) Case Case Case Case Case Case Case Case	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES roblem)	your dental howing questin/A Anesthetics NO	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives Diabetes Thyroid Disease Radiation Theraps	YES	NO
is important that we know and will not be released to an re you under a physician's ave you ever been hospital re you taking medications, re you taking alendronate or women: are you pregnant of you use cigars/cigarettes of you use controlled substant you use controlled substant you allergic to any of the Aspirin Penicilling you have, or had any of the Aspirin Penicilling of you have, or had any of the Aspirin Penicilling igh Blood Pressure eart Murmur heumatic Fever congenital Heart Lesions it all Yalve Prolapse retificial Heart Valve eart Pacemaker eart Surgery retificial Joints (Hip, Knee) nemia	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thankoveration? Interaction? Interaction? Interactional interaction int	cts have a direk you for answ YES D D D Metal Case/Attack A (infectious) B (serum) Case Insfusion Insiction Insict	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES roblem)	your dental howing questin/A Anesthetics NO	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives Diabetes Thyroid Disease Radiation Theraps Arthritis Cortisone Medicis	YES	NO
o you have, or had any of t	about ynyone w care? ized or pills, or (fosama it? s, pipe, or ances? e follow YES	vour Medical hivithout your per had a major oper drugs? ax) or risedron or chewing tobe ving? Codeine owing? NO	istory. These factorission. Thankoveration? Interaction? Interaction? Interactional)? Interactional Intera	cts have a direct you for answ YES Description of the control of	INSURANCE INS. COMPA cet bearing on vering the foll NO Local A YES roblem)	your dental howing questin/A Anesthetics NO	Bruise Easily Emphysema Tuberculosis Asthma Hay Fever Sinus Troubles Allergies or Hives Diabetes Thyroid Disease Radiation Theraps	YES	NO

Date:______ Dentist Signature_

Signature of Patient, Parent, or Guardian_