



8975 E Golf Links Road
Tucson, Arizona, 85730
Phone 520-886-6054 Fax 520-886-6571

Welcome to our Office!
*In order to serve your needs, we
request the following information.
All information is strictly
confidential.*

Patient name: _____ **Birth date:** _____
Last First Month Day Year

What is the purpose of your visit today? _____

How do you feel about your smile? _____

How do you feel about visiting the dentist? _____ When was your last dental visit? _____

Medical History (Please mark Yes or No)

- | | | | |
|------------------------------|---------------------------|-----------------------------|-------------------------------|
| Y N Heart Failure | Y N Stroke | Y N Arthritis | Y N Cortisone medicine |
| Y N Heart Disease/Attack | Y N Cancer | Y N Tobacco usage | Y N Sinus problems |
| Y N Angina Pectoris | Y N Chemotherapy | Y N HIV/AIDS | Y N Allergies or Hives |
| Y N High blood pressure | Y N Radiation treatment | Y N Tuberculosis (TB) | Y N Sickle Cell Disease |
| Y N Low blood pressure | Y N Psychiatric treatment | Y N Hepatitis A,B,C | Y N Blood Transfusion |
| Y N Heart stents | Y N Kidney disorders | Y N Liver Disease | Y N Bleeding Disorder |
| Y N Heart Pacemaker | Y N Epilepsy/seizures | Y N Alcoholism | Y N Bruise easily |
| Y N Colitis | Y N Fainting/dizzy spells | Y N Drug Addiction | Y N Cold sores |
| Y N Stomach Ulcers | Y N Anemia | Y N Diabetes | Y N Herpes/Shingles |
| Y N Alzheimer's | Y N Organ Transplant | Y N Asthma | Y N Emphysema |
| Y N Congenital Heart Defects | | Y N Artificial Heart Valves | Y N Artificial Joints/Implant |

Any other diseases or health problems? _____ Y N Latex Allergy

Y N Have you ever had an unusual reaction to local anesthetic -Lidocaine, or "novacaine?"

Y N Are you allergic to any medications, such as Penicillin, Clindamycin, Erythromycin?

Y N Have you ever had an unusual reaction to Codeine, Tylenol, or Ibuprofen?

Y N Do you now take or have you ever taken bone enhancing medications (bisphosphonates) like Actonel Fosamax, or Boniva for osteoporosis or osteopenia? If Yes, how long have you been taking it?

Y N Have you ever been treated with IV bisphosphonates like (Aredia, Zomeda)?

Y N Have you ever had excessive bleeding requiring special treatment?

Y N Have you been hospitalized for anything in the last 5 years? If so, what for? _____

Y N Are you taking any prescription medications or supplements, if so please list on the line below:

Y N WOMEN: Are you pregnant? If so, what trimester 1st 2nd 3rd

Who is your medical doctor? _____ Phone number _____

When was your last physical exam? _____

Please review and sign the following statement:

I understand that the above information is necessary to provide dental care in a safe and efficient manner.

I have answered all questions truthfully and to the best of my knowledge. I authorize the doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the doctor to thoroughly diagnose my dental needs. I also authorize the doctor to choose and employ assistance as deemed fit. I also understand the use of anesthetic agents embodies a certain risk. We can recite those risks if requested.

Dental Care on Golf Links will pursue any and all collection efforts including referring the account to a collection agency and/or attorney and reporting to the credit bureau. The account will be assessed all additional collection charges associated with the collection of debt including but not limited to collection agency fees, reasonable attorney's fees, court costs and all other charges allowed by law.

Patient _____ **Date** _____

Reviewed by: _____ Date _____ Reviewed by: _____ Date _____