



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 visiting the dentist? \_\_\_\_\_

**Medical History (circle any that apply)**

- |                           |                             |   |                       |                     |
|---------------------------|-----------------------------|---|-----------------------|---------------------|
| Heart Failure             | Stroke                      | Ulcers  | Radiation treatment   | Cortisone medicine  |
| Heart Disease/Attack      | High blood pressure         | Use of tobacco product  | Chemotherapy          | Hepatitis (type___) |
| Angina Pectoris           | Artificial joints           | Emphysema   | Arthritis             | Liver Disease       |
| *Mitral valve prolapse    | Cancer____(type)            | Tuberculosis (TB)   | Fainting/dizzy spells | Jaundice            |
| *Heart Murmur             | Anemia                      | Asthma  | Sickle Cell Disease   | Blood Transfusion   |
| Rheumatic Fever           | Epilepsy/seizures           | Sinus problems  | HIV Pos, ARC, AIDS    | Bleeding Disorder   |
| *Congenital Heart Lesions | Psychiatric treatment       | Hay fever   | Alcoholism            | Bruise easily       |
| Heart Pacemaker           | *Artificial hip,knee, joint | Allergies or hives  | Drug Addiction        | Cold sores          |
| Heart surgery             | Kidney disorders            | Diabetes  | Glaucoma              | Herpes Shingles     |
| *Any type of implant      | *Any type of transplant     | <b>(*Antibiotic treatment may be required prior to treatment)</b> |                       |                     |

**Any other diseases or health problems?** \_\_\_\_\_

**Women:** Are you pregnant?\_\_\_\_\_ If so, what is your due date?\_\_\_\_\_  
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? \_\_\_\_\_  
Are you now or have you been treated with IV bisphosphonates like (Aredia, Zomeda)? \_\_\_\_\_  
If yes, how long have you been treated? \_\_\_\_\_  
Please list the prescribing physician \_\_\_\_\_

Have you ever had an unusual reaction to an anesthetic or drug such as penicillin, erythromycin, novocaine, codeine, aspirin, etc? **Yes No** If yes, please explain \_\_\_\_\_

Medications you are taking at present \_\_\_\_\_  
Have you ever taken phen-phen? \_\_\_\_\_  
List any surgeries you have had in the past 5 years \_\_\_\_\_  
Have you ever had excessive bleeding requiring special treatment? \_\_\_\_\_  
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 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.

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 \_\_\_\_\_