



## SPECIAL DENTAL CARE

"Anesthesia Powered Dentistry"

### Adult Health History

#### PATIENT INFORMATION

(CONFIDENTIAL)

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

#### RESPONSIBLE PARTY

Name of Person Responsible for the Account: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security #: \_\_\_\_\_

#### MEDICAL HISTORY

Have you ever had any of the following medical problems?

Y N Allergies to any drugs

Y N Any Hospital Stays

Y N Any Operations

Y N Heart Defects

Y N Asthma / Lung Problems

Y N Hepatitis / Liver problems

Y N Kidney Problems

Y N Bleeding Problems

Y N Heart Murmurs

Y N Latex Allergy

Y N WOMEN: Is there any possibility that you could be pregnant?

Y N Diabetes

Y N Seizures / Epilepsy

Y N Handicaps / Disabilities

Y N Cerebral Palsy

Y N Developmentally Delayed

Y N Rheumatic / Scarlet Fever

Y N Cancer

Y N Hearing Impairments

Y N Tuberculosis

Y N Phen-Fen Use present/past

Please discuss any medical problems that you have/had: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently under the care of a physician: Yes No Date of Last Visit: \_\_\_\_\_

Please describe your current physical health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

Please list all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the **strictest** of confidence and it is my responsibility to inform Dr. Amy Wong of any changes in my medical status at the earliest possible time.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_