DENTAL HOUSE
Of Wellington
GENERAL AND COSMETIC DENTISTRY

PATIENT INFORMATION UPDATE

Patient Name: _____ Date: _____/_____/_____

SS#: ____-____-_____ D.O.B: ____/___/_____ DL#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____-_____ Cell Phone: (____) _____-_____

Emergency Contact: _____ Main Phone: (____) _____-_____

Email Address: _____

Sex: ☐ M ☐ F Marital Status: ☐ Single ☐ Married ☐ Divorced

Have you ever had any allergic reactions to the following:

☐ Local anesthetics ☐ Aspirin ☐ Latex/Sulfa ☐ Iodine
☐ Penicillin or other Antibiotics ☐ Nitrous Oxide ☐ Tetracycline ☐ Codeine
☐ Barbiturates (sleeping pills) ☐ Erythromycin ☐ Epinephrine ☐ Sulfa Drugs

Have you ever taken any of the following:

☐ Actonel ☐ Aredia ☐ Boniva ☐ Fosamax ☐ Reclast ☐ Zometa
☐ Herbal supplements ☐ Bisphosphonate ☐ Recreational drugs

Please check ALL that apply:

☐ Anemia
☐ Arthritis
☐ Artificial Heart Valves
☐ Artificial Joints
☐ Asthma
☐ Back Problems
☐ Bleeding
☐ Blood Disease
☐ Cancer
☐ Cardiovascular Disease
☐ Chemical Dependency
☐ Chemotherapy
☐ Circulatory Problems
☐ Congenital Heart
☐ Cortisone Treatment
☐ Diabetes
☐ Epilepsy
☐ Fainting or Dizziness
☐ Glaucoma
☐ Heart Problems
☐ Headaches
☐ Heart Murmur
☐ Hepatitis - Type
☐ Herpes
☐ High Blood Pressure
☐ High Cholesterol
☐ HIV Positive
☐ Hypoglycemic
☐ Jaw Pain
☐ Kidney Disease
☐ Liver Disease Sinus
☐ Low Blood Pressure
☐ Mitral Valve Prolapsed
☐ Nervous Problems
☐ Pins, Plates, Screws
☐ Pacemaker
☐ Psychiatric Care
☐ Radiation Treatment
☐ Respiratory Disease
☐ Rheumatic Fever
☐ Trouble
☐ Thyroid
☐ Tuberculosis
☐ Ulcers

Patient Signature: _____ Date: _____/_____/_____