

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_  
 AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Tele (H): \_\_\_\_\_ (W): \_\_\_\_\_ (CELL): \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 EMERGENCY CONTACT (NAME, RELATION, TELE): \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

PRIMARY PHYSICIAN (NAME, TELE): \_\_\_\_\_  
 PHARMACY (NAME, ADDRESS, TELE): \_\_\_\_\_

**CURRENT MEDICATIONS (prescription, over-the-counter, supplements, herbs):**

\* ASPIRIN, MOTRIN, ADVIL, COUMADIN, OR VITAMIN E? YES NO  
 \* ANTIBIOTICS BEFORE DENTAL PROCEDURES? YES NO

**ALLERGIES TO MEDICATIONS (antibiotics, pain medications, latex, lidocaine, tapes, antibiotic ointments):**

OCCUPATION: \_\_\_\_\_  
 DO YOU SMOKE? YES NO IF YES, HOW MANY PACKS PER DAY? \_\_\_\_  
 DO YOU DRINK ALCOHOL? YES NO IF YES, HOW MANY DRINKS PER DAY? \_\_\_\_

HIGH BLOOD PRESSURE	YES	NO	*ARTIFICIAL JOINTS	YES	NO
STROKES	YES	NO	ARTHRITIS	YES	NO
HEART ATTACK/FAILURE	YES	NO	*HEPATITIS	YES	NO
IRREGULAR HEART BEAT	YES	NO	*HIV	YES	NO
CARDIAC PACEMAKER	YES	NO	*EASY/PROLONGED BLEEDING	YES	NO
*HEART VALVE PROBLEM	YES	NO	*BLOOD TRANSFUSIONS/PRODUCTS	YES	NO
*ARTIFICIAL HEART VALVE	YES	NO	RECENT SURGERY	YES	NO
SEIZURES/EPILEPSY	YES	NO	INTERNAL CANCER: TYPE: _____	YES	NO
TROUBLE BREATHING/LUNG PROBLEMS	YES	NO	NERVE PROBLEMS	YES	NO
EYE PROBLEMS (eg. GLAUCOMA)	YES	NO	ORGAN TRANSPLANT	YES	NO
EARS/NOSE/THROAT PROBLEMS	YES	NO	*DIFFICULT HEALING	YES	NO
GASTROINTESTINAL PROBLEMS	YES	NO	*SCARS/KELOIDS	YES	NO
GENITAL/URINARY PROBLEMS	YES	NO	OTHER HEALTH PROBLEMS (LIST):	YES	NO
CIRCULATION PROBLEMS	YES	NO			
DEPRESSION/ANXIETY/PSYCHIATRIC PROBLEMS	YES	NO			

DISEASE (CIRCLE & MARK "X")	ME	RELATIVE	NO	DON'T KNOW
DIABETES OR THYROID PROBLEMS				
LUPUS/AUTOIMMUNE PROBLEMS				
MELANOMA/OTHER SKIN CANCERS				
ASTHMA/HAYFEVER/ALLERGIES				
ECZEMA/ PSORIASIS				

QUESTIONS ABOUT COSMETIC DERMATOLOGY YES NO

OK TO LEAVE VOICE MAIL FOR LAB & BIOPSY RESULTS @ TELE # \_\_\_\_\_ YES NO  
 OK TO EMAIL CLINIC ANNOUNCEMENTS & REMINDERS YES NO

FOR WOMEN:  
 ARE YOU PREGNANT, PLAN TO GET PREGNANT, OR BREAST FEEDING YES NO