

PATIENT HEALTH HISTORY

Account ID _____
Date _____

Personal Information

Patient Name _____ SSN _____ Sex M / F DOB _____
Father's Name _____ SSN _____ DOB _____
Employer _____ Insurance Co _____ Group# _____
Mother's Name _____ SSN _____ DOB _____
Employer _____ Insurance Co _____ Group# _____
Patient Address, City, State, Zip _____
Phone - Home _____ Father Wk/Cell _____ Mother Wk/Cell _____
Nearest Relative (name, address, phone) _____

Child's Favorite Hobby _____
Referred By _____

Patient Medical History

Yes	No		Yes	No		Yes	No	
_____	_____	Anemia/Blood Disease	_____	_____	Glaucoma	_____	_____	Pregnant
_____	_____	Asthma/Hay Fever	_____	_____	Heart Murmur	_____	_____	Arthritis
_____	_____	Blood Pressure/High	_____	_____	Neck/Head Pain	_____	_____	Diabetes
_____	_____	Blood Pressure/Low	_____	_____	Pace Maker	_____	_____	TMJ
_____	_____	Cancer/Tx/X-ray	_____	_____	Hepatitis/Liver Disease			
_____	_____	Epilepsy/Seizures	_____	_____	Mitral Valve Prolapse			
_____	_____	Latex Allergy	_____	_____	Herpes Virus			
_____	_____	HIV Positive/AIDS	_____	_____	Joint Replacement			
_____	_____	Migraine Headaches	_____	_____	Rheu Fever/Murmur			
_____	_____	Sickle Cell Disease/Trait	_____	_____	Scarlet Fever			
_____	_____	TB/Lung Disease	_____	_____	Veneral Disease			
_____	_____	Autistic/Develop Delay/ Mentally Handicapped/ Cerebral Palsy	_____	_____	Other _____			

Is this your first visit to the dentist? _____ If not, how long since your last visit and was done on this visit? _____
How often does your child brush his/her teeth? _____
Does your child have mouth habits—thumbsucking, nail biting, pacifier, bottle, etc.? _____
Is child under physician care now? If so, for what reason? _____
Any allergies to drugs, etc.? _____
Child's Physician's Name & Phone # _____
Is child receiving medication and if so, name of medicine? _____
Has child ever been hospitalized? What reason? _____
Any additional comments? _____
Are we treating any other members of your family? _____
What is your main concern with your child's teeth and mouth? _____

Person hereby agrees that accounts referred to an attorney or a collection agency for collection are subject to collection fees, attorney fees and/or court cost.

Signature: _____