

Welcome to our office . . .

GET-ACQUAINTED CARD

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Mo. Day Year

Name of Parents (If child) \_\_\_\_\_

Name of Spouse in Full \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Head of Household Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse or Parent Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Dental Insurance Co. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Referred by \_\_\_\_\_

Physician's Name \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Reason \_\_\_\_\_

Do you want general anesthetic, sedation with local, or local anesthetic (underline type preferred) or would you prefer to have the doctor choose the best anesthetic for your case?

PLEASE ANSWER EACH QUESTION

Table with 3 columns of questions and 2 columns of 'NO' and 'YES' checkboxes. Questions include: Poor health, Recent illness, Recent cough or cold, Nose obstruction, Heart or chest pain, Frequent swollen ankles, Facial x-ray treatment, Cortisone or ACTH, Bleeding tendency, Herpes, Hepatitis, Diabetes, Heart trouble, High Blood Pressure, Kidney disease, Liver disease, Lung disease, Asthma, Bronchitis, Rheumatic fever, Convulsions, HIV Positive, AIDS, Anemia, Allergy to: Penicillin, Sulfa, Local Anesthetic, Codeine, Aspirin, Barbiturates (sleeping pills), Other drugs.

Table with 2 columns of 'NO' and 'YES' checkboxes and 8 rows of questions: Must you sleep with your head on more than one pillow?, Have you ever been put to sleep for an operation?, Are you pregnant?, Are you under the care of a physician?, Are you now taking medicine of any kind?, Have you ever responded unfavorably to medical or dental care?, Do you get short of breath after a little exertion?, Have you been hospitalized within the last 5 years?

Remarks: \_\_\_\_\_

Medical Problem \_\_\_\_\_

Pre-op---T \_\_\_\_\_ P \_\_\_\_\_ BP \_\_\_\_\_

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

HISTORY CHART Reviewed by \_\_\_\_\_ Title or Relationship \_\_\_\_\_