

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ SS# \_\_\_\_\_

E-Mail \_\_\_\_\_ Do you text Y \_\_\_ N \_\_\_

Responsible Party \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

**Does your Medical History include any of the following**

- Is your general health good \_\_\_ Yes \_\_\_ No
- Are you under Physician's care now? If yes, who \_\_\_\_\_ \_\_\_ Yes \_\_\_ No
- Are you allergic to Penicillin \_\_\_ Yes \_\_\_ No
- Are you allergic to Codeine \_\_\_ Yes \_\_\_ No
- Are you allergic to Anesthetics \_\_\_ Yes \_\_\_ No
- Are you allergic to Aspirin \_\_\_ Yes \_\_\_ No
- Are you allergic to other medications? Please list \_\_\_\_\_
- List all medications currently taking \_\_\_\_\_

- Are you currently taking or have you been treated with any Bisphosphonates (EX: Fosamax, Boniva, Actonel, Aredia, Bondronat or Zometa) \_\_\_ Yes \_\_\_ No
- Do you now or ever had Heart Problems or Pacemaker \_\_\_ Yes \_\_\_ No
- Do you now or ever had Rheumatic Fever \_\_\_ Yes \_\_\_ No
- Do you now or ever had a Heart Murmur \_\_\_ Yes \_\_\_ No
- Do you now or ever had bleeding problems \_\_\_ Yes \_\_\_ No
- Do you now or ever had High Blood Pressure problems \_\_\_ Yes \_\_\_ No
- Do you now or ever had Hepatitis A B C (circle) \_\_\_ Yes \_\_\_ No
- Do you now or ever had a Venereal Disease or HIV \_\_\_ Yes \_\_\_ No
- Do you have Diabetes \_\_\_ Yes \_\_\_ No
- Do you have Tuberculosis \_\_\_ Yes \_\_\_ No
- Do you have MRSA(Methicillin-resistant Staphylococcus aureus) \_\_\_ Yes \_\_\_ No
- Have you ever had Seizures or Convulsions \_\_\_ Yes \_\_\_ No
- Do you have a history of Cancer \_\_\_ Yes \_\_\_ No
- Have you ever had Joint replacement \_\_\_ Yes \_\_\_ No
- Are you on Blood thinners \_\_\_ Yes \_\_\_ No
- Women – are you pregnant \_\_\_ Yes \_\_\_ No

Name of spouse \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse/Parent employed ... where \_\_\_\_\_

In case of Emergency: Notify \_\_\_\_\_ Phone # \_\_\_\_\_

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