

# PATIENT HISTORY INFORMATION

Patient ID #
For office use:

Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency Contact Name & Phone: \_\_\_\_\_

Race:  African American  Asian American  Caucasian/White  Hispanic  Other

Name of Family Physician: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- \* What is your reason for today's visit? \_\_\_\_\_
- \* Have you received treatment in our office previously? **YES NO** If so, when? \_\_\_\_\_
- \* How did you first learn about our affiliated dental practice providing Affordable Dentures? *(circle one)*
  1. Magazine 2. Newspaper 3. Radio 4. Billboards/Sign 5. Brochure/Mail
  6. Television 7. Yellow Pages 8. Friend/Relative 9. Internet/Web Site 10. Other Doctor
  11. Outside Agency
- \* Did you call our toll-free information service (1-800-DENTURE) **YES NO**
- \* May we provide your name to denture product companies who may wish to send you information on their products? **YES NO**
- \* May we contact you with information about special offers and new services we may offer at Affordable Dentures? **YES NO** If answer is **YES**, what is the best way to contact you?

*(Please circle all methods of communication that you prefer below.)*

**Mail**

**Phone**

**Email**

Do you have commercial dental insurance? **YES NO** Name of Insurance: \_\_\_\_\_

If yes, we will provide you with a special statement of services for use when you submit your claim.

YES NO Are you currently wearing dentures? If yes, when did you receive your last dentures? \_\_\_\_\_  
YES NO Do you use denture adhesives, paste or powder? If so, please describe \_\_\_\_\_

**\* HAVE YOU EVER HAD...**

YES NO Teeth extracted? If so, when: \_\_\_\_\_  
Any problems? \_\_\_\_\_  
YES NO Bleeding problems?  
YES NO Bad reaction to anesthesia (Novocaine?)  
YES NO Allergic reaction to medications? (Penicillin or Codeine)  
Please circle and/or specify: \_\_\_\_\_  
YES NO Allergic reaction to latex? Please specify: \_\_\_\_\_  
YES NO A heart attack or heart problems?  
Please specify: \_\_\_\_\_ If so, when: \_\_\_\_\_  
YES NO Prosthetic (false) joints, knee, hip, or valves?  
Please specify. \_\_\_\_\_  
YES NO Circulatory problems?  
YES NO Tuberculosis or other chronic ailments?  
Please specify: \_\_\_\_\_  
YES NO Hepatitis or liver disease?  
YES NO Diabetes or kidney failure?  
YES NO Rheumatic fever or heart murmur?  
YES NO A stroke? If so, when: \_\_\_\_\_  
YES NO High or low blood pressure? Please circle and/or specify: \_\_\_\_\_  
YES NO Cancer? Where? \_\_\_\_\_ Radiation? \_\_\_\_\_ Chemotherapy? \_\_\_\_\_  
YES NO Immune system disorder or infection including HIV ?  
YES NO Fainting spells or seizures?

YES NO Do you take ASPIRIN daily?  
YES NO Are you taking birth control pills or using other hormonal birth control method  
(For example, Norplant)? Please specify: \_\_\_\_\_  
YES NO Are you taking, or have you ever taken prescription medication for osteoporosis (bone loss)?  
(For example, FOSAMAX)? Please specify: \_\_\_\_\_  
YES NO Are you pregnant or nursing?  
YES NO Do you smoke or use tobacco products?  
YES NO Do you use illegal drugs (For example marijuana or cocaine)?  
YES NO Do you have any sores in your mouth?

Please list any medicines you currently take \_\_\_\_\_  
(including Herbal Supplements): \_\_\_\_\_  
Other Comments: \_\_\_\_\_

**To the best of my knowledge the above questions have been answered accurately. I understand that the fee for dentures, extractions, and other services must be paid on the first visit after you are seen by the dentist.**

PATIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**OUR PAYMENT POLICY**

We gladly accept payment by cash, MasterCard, Visa and Discover.  
Some offices are able to accept checks with identification.  
You will need to check with the office you are visiting to confirm their payment policies.