

SAN JOSE ENDODONTICS

Name: _____
Last (Mr. Mrs. Ms.) First Middle Initial

Social Security # _____ Birth Date _____

Home Address _____ Home Phone _____

_____ Other Phone _____

City State Zip

Referring Dentist _____

Physician _____ Phone _____

MEDICAL HISTORY

How would you rate your current health? Good Fair Poor (circle one)

Have you been hospitalized or had any recent prolonged illness or disease? _____

Are you presently under the care of a physician? _____

Are you now using any medications? _____

Are you sensitive or allergic to any dental anesthetic? _____

Are you sensitive or allergic to any medications? _____

Have you ever had any problems with dental treatment? _____

Have you taken bisphosphonates such as Fosamax in the past? _____

(Women) Are you pregnant or nursing? _____

Do you have or have you had any of the following? Please circle Yes or No.

Yes No A.I.D.S.	Yes No Epilepsy	Yes No Liver disease
Yes No Alcoholism	Yes No Glaucoma	Yes No Problems healing
Yes No Allergies to latex	Yes No Heart attack	Yes No Prosthetic appliance
Yes No Allergies to metals	Yes No Heart disease	Yes No Psychiatric care
Yes No Angina	Yes No Heart murmur	Yes No Recreational drugs
Yes No Asthma	Yes No Heart valve replacement	Yes No Sinus trouble
Yes No Bleeding problems	Yes No Hepatitis: A, B or C	Yes No Stroke
Yes No Convulsions	Yes No High Blood Pressure	Yes No Ulcers
Yes No Diabetes	Yes No H.I.V.	Yes No Venereal disease
Yes No Dizziness or Fainting	Yes No Kidney disease	Dr's. Initials: _____

Other health condition(s) which we should be aware of? _____

Do you allow our office to e-mail your x-rays to other dental offices? YES NO _____ Patient Initials

I am aware that this office is HIPAA compliant. _____ Patient Initials

For doctors use only. Medical updates: Date/Init _____ Date/Init _____ Date/Init _____

I confirm as true the above medical history information and give consent to agreed upon dental services and use of appropriate methods on my behalf.

Signature _____ Date _____

(Patient, Parent or Guardian)

IF YOU DO NOT INTEND TO PAY CASH IN FULL TODAY, PLEASE CONTINUE ON REVERSE SIDE.