Oak Ridge DENTAL ARTS

Patient Information and Health Update

In order to keep your record accurate, please complete all sections, sign, and date below.

You may be required to update this form yearly.

Date: _____ Birth Date: _____/_____/_____

Patient Name: _____

Last First MI

Phone (Home): _____ (Cell) _____ (Work) _____

Email Address _____

Address: _____

Insurance: _____

Company Employer

Please list all current medications (include vitamins and store bought medications)

_____

_____

Are you required to premedicate with antibiotics prior to dental treatment, due to a heart murmur or joint replacement surgery? If so, what medication does your doctor prescribe?

_____

Are your currently pregnant or trying to get pregnant? YES NO Due Date: _____

Tobacco Use- Cigarettes/ Vaping/ E-Cig/ Other: _____ How often: _____ Use: Current/ Past

Check all that apply:

- ☐ Acid Reflux/ Gerd
- ☐ AIDS
- ☐ **Allergic to**
- ☐ Amoxicillin. ☐ Codeine
- ☐ Latex ☐ NSAIDs
- ☐ Penicillin ☐ Sulfa
- ☐ Other_____
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints (where)_____
- ☐ Asthma (last attack)_____
- ☐ Blood Disease
- ☐ Cancer (type)_____
- ☐ Cold Sores
- ☐ Diabetes
- ☐ Dizziness
- ☐ Easy Bruising
- ☐ Eating Disorder (type) _____
- ☐ Epilepsy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Glaucoma
- ☐ Growths
- ☐ Hay Fever
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis (type)_____
- ☐ HIV
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HPV
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Mental Disorder
- ☐ Nervous Disorder
- ☐ Pace Maker
- ☐ Radiation (where)_____
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Sinus Problems
- ☐ Sleep Apnea
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Surgery (type)_____
- ☐ Thyroid Disease
- ☐ Tuberculosis (when)_____
- ☐ Tumors
- ☐ Ulcers
- ☐ Vertigo
- ☐ Venereal Disease
- ☐ **Other** _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any changes in my health, I will inform the doctors at the next appointment, without fail.

Signature: _____ Date: _____