

MEDICAL HISTORY QUESTIONNAIRE

PATIENT MEDICAL _ DENTAL HISTORY

Date

Name			Home Address	
Last	First	M. In.		
Referred by			Date of Birth	
		PATIENT MEDICAL	HISTORY	
Physician		Your Office Phone _	Your Home Phone	
Approximate date of last phys	sical examination			
				Yes No
				The state of the s
2. Have you had any major o	operations? It so what	hand injuries?		
1. Have you ever had a serie	sus accident involving	including penicilling		- 5 5
S. Have you had any adverse	reponse to any crugs	h A Vera Ailment?		
	imed you that you had	High blood organize?		- 55
6.		Parairatory disease?		
8.		Dishetes?		_ 55
9.				The same of the sa
10.			(5?	Transf Samuel
11.				The same of the sa
12.				
13.				
14.		Any kidney disease?		
15.		Any stomach or intestinal disease?		
	accompanied by weigh			
17. Ass you on a dist at this	time?	an ross or cough		
19 Are you now taking drugs	or medications?			
19. Are you allered to any k	nown materials resulti	or - in hives asthma c	eczema, etc.?	
20. Are you in general good b	nealth at this time?	ing - in in 100, national 0		
21. Have any wounds healed	slowly or presented of	ther complications?		
1일 보고 하는데 사람들은 소리가 가는 전하다면 가장 하는데 그리고 보고 있었다는 소리와 하게 되었습니다. 요즘				and the second second
23. Do you have a history of	fainting?			
24. Have you ever had any Y-	PAY TREATMENTS	other than diagnostic)?		
24. Have you ever had any X	KAT TREATMENTS	PATIENT DENTAL		
25. Do you have pain in or no	ear your cars?		355.00	
26. Do you have any unheale	d injuries or inflamed		mouth?	
27. Have you experienced any growths or sore spots in your mouth?				0 0
28. Does any part of your mo-	uth hurt when clenches	d?		0 0
29. Have you ever had Novoc	aine anesthetic?			0 0
30.	Any rea	ections or allergic sympto	ons to novocaine?	0 0
31.		Any difficult extractions in the past?		_ 88
32.		Prolonged bleeding following extractions in the past?		
33.	Trench Mouth?			0 0
34. Do your gums bleed?				
35. Have you ever had instru-	ctions on the correct s	nethod of brushing your to	teeth?	
36. Have you ever had instru-	ctions on the care of y	our gums?		0 0
37. Do you chew on only one	side of your mouth?	If so why?		0 0
18 Do you at the neesent tim	e have any dental com	olaints?		
39. Do you habitually clench	your teeth during the	night or day?		0 0
40. When was your last full m	south X-RAY taken'	Where		
41. Any part of your mouth sore to pressures or irritants (cold, sweets, etc.)				0 0
If so locate				

I recognize that any of the fees charged to me by you for your services are primarily my responsibility despite any medical or union coverage. Should the union or medical insurance fail to pay you. I understand that I will be personally responsible for the payment of those fees. I further understand that should I fail to pay any fees due to your office and you refer my account to an attorney, I will pay a lawyers fee equal to 30% of the balance due plus court costs.

I understand that if I do not abide by the terms and conditions of the payment requirements concerning fees for services billed to me that I will be chared 1.5% interest per month on any outstanding unpaid balance.