

**Health History & Acquaintance Form**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First MI I prefer to be called

Email: \_\_\_\_\_ DL# \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Marital status: S M

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_

Employed by: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Best time for you: M T W R AM/PM

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Insurance Information**

Ins. Cpy: \_\_\_\_\_ Ins. Phone #: \_\_\_\_\_ Policy ID #: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Subscribers Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security#: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Dental History**

Previous Dentist: \_\_\_\_\_ When was your last dental visit? \_\_\_\_\_

Are you having any dental problems presently? Y N Describe: \_\_\_\_\_

Have you ever had gum treatment? Y N Do your gums ever bleed? Y N  
Have you ever had orthodontics (braces)? Y N Do you grind / clench your teeth when you are nervous or sleeping? Y N  
Do your jaws click or pop when you chew? Y N Have you ever been treated for TMJ (jaw) problems? Y N  
Would you like fresher breath? Y N Are you interested in cosmetic dentistry (bleaching, etc.)? Y N

**Medical History**

Physician name: \_\_\_\_\_ Tel # \_\_\_\_\_ Date of last visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your current physical health is: Excellent Good Poor Are you taking any medications? Y N

If yes, please list: \_\_\_\_\_

Are you required to take any medication before your dental appointment? Y N \_\_\_\_\_

Has there been a change in your health in the last year? Y N Explain: \_\_\_\_\_

\_\_\_\_\_

