

**JAMES W. RHEA D.D.S. MICHAEL J. DOHERTY D.D.S.**

**Patient Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Who is responsible for this account? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Dental Insurance: \_\_\_\_\_ Policy or Member #: \_\_\_\_\_  
Secondary Dental Insurance: \_\_\_\_\_ Policy or Member #: \_\_\_\_\_  
How did you learn of our office? \_\_\_\_\_

**Medical History**

Physician: \_\_\_\_\_ Approximate date of last physical: \_\_\_\_\_  
Are you under any medical treatment now? \_\_\_\_\_ If so, for what? \_\_\_\_\_  
Are you taking any drugs or medications? \_\_\_\_\_ If so, what? \_\_\_\_\_  
Have you had any major operations? \_\_\_\_\_ If so, for what and when? \_\_\_\_\_  
Are you allergic to anything? \_\_\_\_\_ If so, what? \_\_\_\_\_

**Has anyone informed you that you had:**

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
A heart ailment?	_____	_____	Heart murmur?	_____	_____
High blood pressure?	_____	_____	Mitral valve prolapse?	_____	_____
Respiratory disease?	_____	_____	Rheumatic fever?	_____	_____
Diabetes?	_____	_____	Blood disease?	_____	_____
Yellow jaundice or hepatitis?	_____	_____	Tumors or growths?	_____	_____
HIV infection or AIDS	_____	_____	If so, where? _____		
Joint (Hip or Knee) Replacement	_____	_____			

Women: Are you pregnant, breast-feeding, or taking birth control pills? \_\_\_\_\_ YES NO

**Dental History**

Have you ever had any unusual reactions to local anesthetic? \_\_\_\_\_ YES NO  
When was the last time you saw a dentist for treatment? \_\_\_\_\_  
Do you feel there is anything else your doctor needs to know about your medical or dental condition? \_\_\_\_\_

*(Payment is due at time of service unless previous arrangements have been made. Collection fees will be added to accounts not kept current.)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
updated: \_\_\_\_\_