

Barry W. Rosenthal, D.D.S. *General Dentistry*
Brian E. Rosenthal, D.D.S. *General Dentistry*
Paul A. Garcia, D.D.S. *General Dentistry*
Maria Escabi, D.D.S. *General Dentistry*
Federico Maeso, D.D.S. *General Dentistry*

Patient's last name _____ First name _____

Name you would like to be called _____

Parent's name if minor _____

How did you hear about our office?

Friend___ Co-Worker___ Facebook___ Internet___ Advertisement___ Other___

Single _____ Married _____ Spouse's name _____

Address _____ Apartment No. _____

City _____ Zip Code _____

Telephone: Home _____ Work _____ Ext # _____

Cell _____ Other _____

Email Address _____

Are you covered by dental insurance? Yes _____ No _____

Name of insured _____ Relationship to patient _____

Is the insured currently a patient of our office? Yes _____ No _____

Insured employed by _____ How Long Held? _____

Name of insurance company _____

Name of secondary insurance (if any) _____

Patient's social security number _____

Insured's social security number _____

Birth date _____ Insured's Birth Date _____

Please present your insurance card to the receptionist with this form. If any information on either side of this form changes at any time in the future, please bring it to our attention.

Please complete the other side of this form.

HEALTH INFORMATION

1. Personal Physician: _____ Phone#: _____

- | | YES | NO | |
|---|-------|-------|-----------------------|
| 2. Have you been hospitalized within the past 2 years? | _____ | _____ | For What? _____ |
| 3. Are you currently being treated by a physician? | _____ | _____ | For What? _____ |
| 4. Are you taking any Blood thinners (including Plavix, Coumadin, or Aspirin) daily? | _____ | _____ | For What? _____ |
| 5. Do you bleed excessively upon injury? | _____ | _____ | |
| 6. Are you pregnant? | _____ | _____ | |
| 7. Have you had any unusual reaction to dental Anesthesia? | _____ | _____ | If yes to what? _____ |
| 8. Have you ever been told you have heart murmur? | _____ | _____ | |
| 9. Do you have any artificial joints or prosthetic devices? | _____ | _____ | Where? _____ |
| 10. Do you have a mitral Valve prolapse? | _____ | _____ | |
| 11. Have you ever been told to premedicate before dental procedures because of a heart murmur or joint replacement? | _____ | _____ | |
| 12. Are you allergic to any drugs? | _____ | _____ | If yes to what? _____ |
| 13. Are you taking any medications? | _____ | _____ | |

Is yes, please list _____

EJ GEMANY OF THE FOLLOWING CONDITIONS WHICH YOU HAVE HAD OR HAVE

- | | | |
|--------------|-----------------------------------|---------------------------------|
| A. AIDS | H. Heart Problem | N. Low Blood Pressure |
| B. Arthritis | What? _____ | O. Rheumatic Fever |
| C. Asthma | I. Hepatitis (Active or Inactive) | P. Sexually Transmitted Disease |
| D. Cancer | J. HIV Positive | Q. Stroke |
| E. Diabetes | K. High Blood Pressure | R. Tuberculosis |
| F. Epilepsy | L. Jaundice | S. Other Disease? |
| G. Glaucoma | M. Kidney Problems | What? _____ |

Is there anything else that should be brought to our attention concerning your medical or dental history? _____

If your health history should change at any time in the future, please inform us so that we may update your records

Your signature _____ Date _____